

Legal Consultation Service Invoice

Invoice Number:

Invoice Date:

Bill To:

<input type="text"/>
<input type="text"/>
<input type="text"/>

From:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Description	Date of Service	Hours	Rate	Amount
<input type="text"/>				
<input type="text"/>				
Total				<input type="text"/>

Authorized Signature:

Date: