LEGAL INVOICE

Firm Name: _____

Invoice #: _____

Date: _____

CLIENT INFORMATION

Name: _____
Matter: _____
Case ID: _____

ATTORNEY / STAFF

Name: _____
Title: _____
Rate: $_____ / hr

Date	Description of Services / Task	Hours	Rate	Total

Subtotal: $_____
Expenses/Disbursements: $_____
TOTAL DUE: $_____

PAYMENT INSTRUCTIONS

Please remit payment within 30 days. Make all checks payable to the firm name listed above.

Notes: _____