

INVOICE

Professional invoice template for legal consulting services

From:

Your Law Office Name
123 Main Street, Suite 500
City, State 12345
Phone: (123) 456-7890
Email: info@yourlawoffice.com

Bill To:

Client Name
Client Address Line 1
City, State ZIP
Email: client@email.com

Invoice #	Date	Due Date
00001	2024-06-08	2024-06-22

Description of Services	Hours	Rate	Amount
Legal Consultation & Advice	5	\$300	\$1,500
Contract Review & Drafting	3	\$300	\$900
Research & Preparation	2	\$300	\$600
Total			\$3,000

Payment Terms:
Payment is due within 14 days from the invoice date. Please make checks payable to "Your Law Office Name" or follow the payment instructions provided.

Thank you for your business.