LAW FIRM INVOICE

From

Name: _____
Phone Number: _____
Email Address: _____
Street Address: _____
City, State, Zip: _____

Bill To

Client Name: _____
Phone Number: _____
Street Address: _____
City, State, Zip: _____

Details

Date: _____
Invoice #: _____
Payment Due: _____
Billing Period: _____ to _____

SERVICES

Item	Description	# of Hours	Rate ($)	Amount

EXPENSES

Item	Description	Quantity	Price	Amount

Notes

Subtotal: _____
Discount: _____
Tax: _____
Amount Paid: _____

Total Due: _____

Invoice Generator