

LEGAL SERVICES INVOICE

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From (Your Business)

Name: _____
Address: _____
Phone: _____
Email: _____

Bill To (Client)

Name: _____
Address: _____
Phone: _____
Email: _____

Invoice #: _____

Invoice Date: _____

Due Date: _____

Payment Terms:

Net 30

Description	Qty	Rate	Amount
<i>e.g. Initial consultation (1.0 hr)</i>	1	\$250.00	
<i>e.g. Legal research & document drafting (3.5 hrs)</i>	1	\$875.00	
<i>e.g. Court filing fees (disbursement)</i>	1	\$120.00	

Subtotal _____

Tax (%) _____

TOTAL _____

Notes / Payment Instructions

Tip: Bill time entries in tenths of an hour with a short description of the work — courts and clients expect it.
