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| --- | --- | --- | --- | --- | --- | --- | --- |
| Law Firm Name | | | | | LAW FIRM  **INVOICE** | | |
| Address line 1  Address line 2  City, State, ZIP | 1(123) 456-7899  info@yourlawfirm.com  www.yourlawfirm.com | | | |
|  | | | | | | | |
| Bill To | | Invoice # | | Payment Terms | | Amount Due | |
| Client Name  Address line 1  Address line 2  City, State, ZIP | | e.g., 00001 | | e.g., Net 30 | | $435.00 | |
| Issue Date | | Due Date | |
| 01/01/2025 | | 01/30/2025 | |
|  | | | | | | | |
| Description | | | Hours | | Rate ($/hr) | | Amount |
| Legal consultation  Dispute involving employer | | | 2 | | $200.00 | | $400.00 |
|  | | |  | |  | |  |
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|  | | |  | |  | |  |
| Payment Method(s): e.g., Cash or check | | | | | Subtotal | | $400.00 |
| Tax | | $35.00 |
| Payment Link(s): | | | | | Misc. | | - |
|  | |  |
| Notes: | | | | | **Amount Due** | | **$435.00** |
|  | |  |