|  |  |
| --- | --- |
| Law Firm Name | LAW FIRM**INVOICE** |
| Address line 1Address line 2City, State, ZIP | 1(123) 456-7899info@yourlawfirm.comwww.yourlawfirm.com |
|  |
| Bill To | Invoice # | Payment Terms | Amount Due |
| Client NameAddress line 1Address line 2City, 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 consultationDispute 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** |
|  |  |