INVOICE

Invoice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPANY NAME**

Main Address here

City, State, Zip code

(222)333-4444

email@webiste.com

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INVOICE TO:

**Mr. Client**

Address Here City, State, Zip code

(333)444-5555

email@clientwebsite.com

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Service Description** | **Hours Worked** | **Hourly Rate** | **Total Amount** |
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| --- | --- |
| **SUBTOTAL** |  |
| **TAX** |  |
| **OTHER CHARGES** |  |
| **TOTAL** | **$0.00** |

**Payment Terms:**

Payment is due within [Payment Terms, e.g., 30 days] of the invoice date.

Please make checks payable to [Your Law Firm Name] or transfer funds to the following account:

**Bank Name:** [Bank Name]

**Account Number:** [Account Number]

**Routing Number:** [Routing Number]

**SWIFT Code (if applicable):** [SWIFT Code]