**Attorney Invoice Template**

Write your Company and Department Name here - Address Here

Phone: 000-000-000 Email: [www.abc@gmail.com](http://www.abc@gmail.com)

|  |  |  |
| --- | --- | --- |
| **INVOICE #** |   | **DATE** |
| **WORK ORDER #** |   |  |
|    |
| BILL TO | Company Name |  BILL From  | Company Name |
| ID: | ID:  |
| Street Address | Street Address |
| City, ST ZIP | City, ST ZIP |
| Phone:  | Phone:  |
|        |
| **HOURLY SERVICES** | **HOURS** | **RATE** | **AMOUNT** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  Subtotal  |  |
|  Tax Rate   |  |
|      |
| **OTHER SERVICES AND CHARGES** | **AMOUNT** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |
| **OTHER COMMENTS**  |   | Subtotal |  |
| Payment due in 60 days |   | Tax Rate |  |
|   |   | Total Tax |  |
| Please include the invoice number on your check |  | Shipping & Handling |  |
|    |   |  Discount |  |
| Thank You for Your Business! |   |  **TOTAL** |  |