

LEGAL SUPPORT SERVICES

HOURLY INVOICE

Invoice No:

Date:

Due Date:

Matter / Case:

SERVICE PROVIDER

BILL TO

DATE	DESCRIPTION OF LEGAL SUPPORT SERVICES	HOURS	RATE (\$)	TOTAL (\$)

Subtotal:

Tax / Additional:

Total Due: _____

PAYMENT TERMS & INSTRUCTIONS

Prepared By (Signature)

Date