

# PARALEGAL BILLING INVOICE

Invoice #:	
Issue Date:	
Due Date:	
Tax Rate:	

[Company Name]

From
[Company Name]
[Attn]
[Street Address]
[City, State, Zip]
[Phone]
[E-Mail]

To
[Company Name]
[Customer ID]
[Street Address]
[City, State, Zip]
[Phone]
[E-Mail]

S No	Description	Hours	\$ / Hour	Amount

**Teaching Terms:**  
 \* The quick brown fox jumped upon a lazy dog.  
 \* The quick brown fox jumped upon a lazy dog.  
 \* The quick brown fox jumped upon a lazy dog.  
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<b>Sub Total</b>	
<b>Tax</b>	
<b>Invoice Total</b>	