

[FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Matter Name/No.]

BILL TO:

[Client Name]
[Client Address]
[Contact Email]

DATE	PROFESSIONAL / SERVICE DESCRIPTION	RATE	HOURS/QTY	AMOUNT
[Date]	[Consultation/Legal Research/Drafting]	\$0.00	0.0	\$0.00
[Date]	[Filing Fees/Disbursements]	-	-	\$0.00

Subtotal: \$0.00
Tax/GST: \$0.00
Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Firm Name]. For wire transfer instructions or credit card payments, please contact our billing department. Payments are due within [30] days of invoice date.

Confidential Legal Services