

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Reference]

BILL TO:

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

PAYMENT DUE:

[Date]

Date	Description of Service	Hours	Rate	Amount
[Date]	[Service Title/Legal Professional Name]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	[Service Title/Legal Professional Name]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	[Disbursement/Expense Description]	-	-	[\$[0.00]]

Subtotal: \$[0.00]
Tax/VAT: \$[0.00]
Total Due: \$[0.00]

Payment Instructions: [Bank Name] | **Account:** [Number] | **Routing/Swift:** [Code]

Terms: Net [Number] days. Late payments may be subject to interest as per engagement letter.