

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Matter Name/Number]

BILL TO:

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

PAYMENT TERMS:

Due Date: [Date]
Payment Method: [Wire/Check/Portal]

Date	Professional / Description of Service	Rate	Hours	Total
[MM/DD/YY]	[Description of legal services rendered]	[\$0.00]	[0.0]	[\$0.00]
[MM/DD/YY]	[Description of legal services rendered]	[\$0.00]	[0.0]	[\$0.00]
[MM/DD/YY]	[Disbursements / Reimbursable Expenses]	-	-	[\$0.00]

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

Notes: Please include the Invoice Number with your payment. Trust account balances are not reflected on this statement unless specifically noted.

Thank you for your business.