[LAW FIRM NAME]

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

INVOICE

Invoice #: _____
Date: _____
Matter #: _____

BILL TO:
[Client Name]
[Client Address]
[Client Phone/Email]
CONSULTATION TYPE:
[ ] Initial Consultation
[ ] Follow-up / Retainer Case

Date	Description of Services	Hours	Rate	Total

Subtotal: $ _____
Disbursements/Costs: $ _____
TOTAL DUE: $ _____

Payment Terms: Net [30] days. Please make checks payable to "[Law Firm Name]".

Thank you for choosing our firm for your legal consultation.