INVOICE

[Law Firm Name]
[Address Line 1]
[City, State, Zip]

Phone: [Phone Number]
Email: [Email Address]

Bill To:

[Client Name]
[Client Address]
Matter: [Case/Matter Name]

Invoice #: [000001]

Date: [Month DD, YYYY]

Due Date: [Month DD, YYYY]

Date	Professional	Description of Services	Hours	Rate	Amount
[Date]	[Initials]	[Detailed Task Description]	[0.0]	$[0.00]	$[0.00]
[Date]	[Initials]	[Detailed Task Description]	[0.0]	$[0.00]	$[0.00]

Expenses / Disbursements	Amount
[e.g. Filing Fees, Courier, Photocopying]	$[0.00]

Total Services: $[0.00]

Total Expenses: $[0.00]

Balance Due: $[0.00]

Terms: Please make all checks payable to "[Law Firm Name]".

Thank you for your business.