INVOICE

[Paralegal Name/Firm]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Case Reference: [Case ID]

Client:

[Client Name]
[Organization]
[Mailing Address]

Consultation Details:

Date of Service: [Date]
Service Type: [Standard/Urgent]
Matter: [Description]

Description of Services	Hours/Qty	Rate	Total
Initial Case File Review & Consultation	[0.00]	$[0.00]	$[0.00]
Legal Document Research & Preparation	[0.00]	$[0.00]	$[0.00]
Administrative/Filing Fees	[1]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax/Adjustments: $[0.00]
Total Due: $[0.00]

Payment Terms: Due within [X] days. Please make checks payable to [Name].

Thank you for your business. This document is for paralegal consulting services rendered under attorney supervision or as permitted by law.