LAW FIRM NAME

123 Legal Plaza, Suite 100
City, State, Zip
Email: contact@firm.com

INVOICE

Date: _____
Invoice #: _____
Matter ID: _____

To:
Client Name / Entity
Billing Address
City, State, Zip

PROFESSIONAL SERVICES RENDERED

Date	Description of Service	Attorney	Hours	Rate	Amount

EXPENSES & DISBURSEMENTS

Date	Description	Amount

RETAINER ACCOUNT SUMMARY

Previous Balance	Replenishments	Current Charges	Remaining Retainer
$	$	($)	**$**

Total Services: $ _____

Total Expenses: $ _____

Total Amount Due: $ _____

Please make checks payable to **"Law Firm Name"**. For wire transfers, please contact our billing department.

Terms: Payment due within 30 days of invoice date.