

LEGAL COUNSEL

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

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT:

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

MATTER:

Case ID: _____
Matter Name: _____
Attorney: _____

Date	Description of Services	Hours	Rate	Total

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Subtotal: \$0.00

Disbursements: \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to "[Firm Name]". For wire transfers, please use Account: _____

Routing: _____.

Payment is due within [30] days of invoice date.