INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Matter ID: [Case Reference]

BILL TO:

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

DATE	DESCRIPTION OF LEGAL SERVICES	RATE	HOURS	AMOUNT
[Date]	[Service/Consultation details]	$[0.00]	[0.0]	$[0.00]
[Date]	[Research/Document Preparation]	$[0.00]	[0.0]	$[0.00]

Subtotal: $[0.00]

Additional Expenses: $[0.00]

Total Balance Due: $[0.00]

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

Thank you for your business.