[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

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

Bill To:
[Client Name]
[Client Address]
[City, State, Zip]

Professional Services: Associate Attorney

Date	Description of Services	Hours	Rate	Total
[Date]	[Detailed task description...]	[0.0]	$[0.00]	$[0.00]
[Date]	[Detailed task description...]	[0.0]	$[0.00]	$[0.00]

Expenses & Disbursements

Date	Description	Amount
[Date]	[e.g., Court Filing Fees, Photocopies]	$[0.00]

Service Subtotal: $[0.00]
Expenses Subtotal: $[0.00]

TOTAL AMOUNT DUE: $[0.00]

Please make all checks payable to **[Law Firm Name]**.

Payment terms: Net [30] days. Thank you for your business.