ASSOCIATE LITIGATOR

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

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Case Number]

CLIENT / BILL TO

[Client Name]
[Company Name]
[Address Line 1]
[Address Line 2]

MATTER / DESCRIPTION

[Case Style/Title]
Re: [Professional Services Description]

Date	Description of Professional Services	Hours	Rate	Amount
[MM/DD]	Drafting [Motion/Pleading Name]; legal research regarding [Issue].	0.00	$0.00	$0.00
[MM/DD]	Preparation for and attendance at [Deposition/Hearing].	0.00	$0.00	$0.00
[MM/DD]	Review of discovery production; correspondence with opposing counsel.	0.00	$0.00	$0.00

DISBURSEMENTS & EXPENSES

Description	Amount
Filing Fees / Process Server Fees	$0.00

Total Professional Fees: $0.00
Total Expenses: $0.00
TOTAL AMOUNT DUE: $0.00

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

Payment is due within [30] days of invoice date. Thank you for the opportunity to be of service.