INVOICE

[Paralegal Name/Firm]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO: **[Attorney/Law Firm Name]**
[Contact Person]
[Address Line 1]
[City, State, Zip]
CASE REFERENCE: **Matter:** [Case Name/Reference No.]
Client: [End Client Name]
Task Type: [Contract/Project-Based]

Date	Description of Legal Support Services	Hours	Rate	Amount
[Date]	[e.g., Drafting Summons and Complaint; Deposition Summary]	0.00	$0.00	$0.00
[Date]	[e.g., Legal Research: Case law regarding Statute of Limitations]	0.00	$0.00	$0.00
[Date]	[e.g., Document Review and Bates Stamping]	0.00	$0.00	$0.00

Subtotal: $0.00

Reimbursable Expenses (Filings/Copies): $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS & NOTES:

Please make checks payable to **[Paralegal Name]** or pay via [Electronic Payment Link/Method].
Thank you for your business.