[FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Month DD, YYYY]
Due Date: [Month DD, YYYY]

CLIENT

[Client Name]
[Company Name]
[Address]

MATTER

[Matter Name]
Reference: [File Number]

DATE	PROFESSIONAL SERVICES / DESCRIPTION	HOURS	RATE	AMOUNT
MM/DD/YYYY	[Detailed description of legal task performed]	0.0	$0.00	$0.00
MM/DD/YYYY	[Detailed description of legal task performed]	0.0	$0.00	$0.00

DISBURSEMENTS & EXPENSES

MM/DD/YYYY	[Description of expense, e.g., Filing fees, Courier]			$0.00

Service Total: $0.00
Expenses Total: $0.00
Total Amount Due: $0.00

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

Payment is due within [30] days. Thank you for your business.