[LAW FIRM NAME]

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

INVOICE

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

CLIENT

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

CASE REFERENCE

[Plaintiff] v. [Defendant]
Court: [Jurisdiction]
Associate: [Associate Name]

Date	Description of Professional Services	Hours	Rate	Amount
[Date]	Drafting of Complaint; review of initial discovery documents.	[0.0]	$[0.00]	$[0.00]
[Date]	Legal research regarding [Issue]; preparation of internal memo.	[0.0]	$[0.00]	$[0.00]
[Date]	Teleconference with opposing counsel regarding scheduling.	[0.0]	$[0.00]	$[0.00]

Reimbursable Expenses / Costs

[Date]	Court Filing Fees: [Description]	$[0.00]
[Date]	Process Server / Transcripts / Travel	$[0.00]

Services Total: $[0.00]
Expenses Total: $[0.00]
TOTAL DUE: $[0.00]

Please make all checks payable to [Law Firm Name]. Payment is due within [30] days.

Professional Services Rendered for Civil Litigation Matters.