[Associate Name/Law Firm]
[Street Address]
[City, State, Zip]
[Tax ID / Bar Number]

FEE INVOICE

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

CLIENT:
[Client Name]
[Firm/Company]
[Address]
MATTER REFERENCE:
Matter: [Case Name/Reference]
File No: [Number]
Billing Period: [Date Range]

Date	Description of Legal Services	Hours	Rate	Total
[Date]	[Task: e.g., Contract Review, Research, Drafting]	[0.0]	$[0.00]	$[0.00]
[Date]	[Task Description]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Disbursements/Expenses: $[0.00]

TOTAL AMOUNT DUE: $[0.00]

Payment Instructions:
Payable via [Check/Wire Transfer/ACH]
Bank Name: [Name]
Account No: [Number]
Routing No: [Number]

Terms: Payment is due within [Number] days. Late payments may be subject to [Percentage]% interest per month.