EXPENSE INVOICE

[Associate Name/Firm]

INVOICE #
DATE

FROM (ASSOCIATE INFORMATION)

Address:

Tax ID/SSN:

Email:

BILL TO (CLIENT/LEAD COUNSEL)

Name:

Matter Name/No:

Address:

Date	Description of Expense	Category	Amount

Subtotal: $ 0.00
Tax (if applicable): $ 0.00
Total Due: $ 0.00

PAYMENT INSTRUCTIONS / NOTES

I certify that the above expenses were incurred in the performance of legal services for the referenced matter and receipts are available upon request.

SIGNATURE OF ASSOCIATE