LEGAL INVOICE

[Firm Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

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

MATTER DETAILS

Matter Name: [Case Reference]
Matter ID: [Reference Number]
Associate: [Junior Associate Name]

Date	Description of Professional Services	Hours	Rate	Total
[Date]	Legal research regarding [Topic]; drafting internal memorandum.	0.0	$0.00	$0.00
[Date]	Review and organization of discovery documents for [Case].	0.0	$0.00	$0.00
[Date]	Drafting initial correspondence to opposing counsel.	0.0	$0.00	$0.00

Subtotal: $0.00
Disbursements/Costs: $0.00
Total Balance Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Firm Name]**. For wire transfer instructions, please contact our billing department. Payments are due within [Number] days of invoice date.