[LAW FIRM NAME]

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

INVOICE

Date: [Date]
Invoice #: [0000]

CLIENT:
[Client Name]
[Client Address]
[Client City, State, Zip]
MATTER:
[Matter Name/Reference Number]
ATTORNEY:
[Senior Associate Name]

Date	Description of Services	Hours	Rate	Total
[MM/DD/YY]	[Service Description]	0.0	$0.00	$0.00
[MM/DD/YY]	[Service Description]	0.0	$0.00	$0.00
[MM/DD/YY]	[Service Description]	0.0	$0.00	$0.00

Subtotal: $0.00
Expenses/Costs: $0.00
TOTAL DUE: $0.00

Payment Terms: Net [30] Days. Please make checks payable to "[Law Firm Name]".

Thank you for your business.