

**[Law Firm Name]**

[Street Address]  
[City, State, Zip]  
[Phone/Email]

**INVOICE**

# [0000]  
Date: [Date]

**CLIENT / BILL TO:**

**[Client Name]**  
[Contact Person]  
[Client Address]

**MATTER DETAILS:**

**Matter:** [Matter Name/Ref]  
**Project Manager:** [Name]  
**Period:** [Start Date] - [End Date]

Phase / Activity Description	Staff	Hours	Rate	Total
[Phase 1: Project Scoping & Planning]	[Name]	0.00	\$0.00	\$0.00
[Phase 2: Execution & Monitoring]	[Name]	0.00	\$0.00	\$0.00
[Communication & Reporting]	[Name]	0.00	\$0.00	\$0.00

Subtotal: \$0.00  
Disbursements: \$0.00  
Amount Due: \$0.00

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**PAYMENT TERMS**

Please remit payment within [30] days of receipt. Bank Wire: [Account Details].