

# INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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**FROM:**

[Provider Name/Firm]

[Street Address]

[City, State, Zip]

[Tax ID/License #]

**BILL TO:**

[Client Name/Attorney]

[Firm Name]

[Street Address]

[Case/Matter Reference]

Date	Description of Legal Research Task	Hours	Rate	Total

Subtotal: \$ \_\_\_\_\_

Disbursements/Fees: \$ \_\_\_\_\_

**Total Balance Due: \$ \_\_\_\_\_**

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**PAYMENT INSTRUCTIONS:**

Please make checks payable to \_\_\_\_\_

Wire/ACH: \_\_\_\_\_

Terms: Due within \_\_\_ days. Thank you for your business.