

[LEGAL FIRM NAME]

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

INVOICE

Invoice #: [00000]
Date: [Date]
Matter ID: [Case Reference]

BILL TO:

[Client Name]
[Company Name]
[Client Address]
[Client Email]

PAYMENT TERMS:

Due Date: [Date]
Method: [Wire/Check/Credit]

Date	Description of Professional Services	Hours	Rate	Amount
[Date]	[Service description/Legal consultation]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	[Document review/Drafting]	[0.0]	[\$[0.00]]	[\$[0.00]]

Date	Description of Professional Services	Hours	Rate	Amount
[Date]	[Administrative/Filing fees]	-	-	[\$0.00]

Subtotal: \$[0.00]
Tax/VAT: \$[0.00]

Total Due: \$[0.00]

Wire Transfer Instructions: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your trust in our legal counsel.