

INTERIM INVOICE

[Law Firm Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [00000]
Date: [Date]
Matter ID: [Matter-Ref]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
RE: PROFESSIONAL SERVICES
[Case Name / Matter Description]
[Service Period: MM/DD - MM/DD]

Date	Description of Professional Services	Hours	Rate	Total
[Date]	[Task Description]	0.00	\$0.00	\$0.00
[Date]	[Task Description]	0.00	\$0.00	\$0.00
Disbursements & Expenses				Amount
[Filing Fees / Photocopying / Travel]				\$0.00
Fees Total: \$0.00				
Disbursements Total: \$0.00				
Tax: \$0.00				
Total Amount Due: \$0.00				

Payment Terms: [Net 30 Days]

Bank Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]