[LAW FIRM NAME]

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

INTERIM INVOICE

Invoice #: [0000]
Date: [Date]
Matter #: [Case-Reference]

TO:
[Client Name]
[Client Address]
[City, State, Zip]
PHASE:
[e.g., Discovery / Pre-Trial]
PERIOD:
[Start Date] - [End Date]

PROFESSIONAL SERVICES

Date	Description of Services	Staff	Hours	Rate	Total
[Date]	[Detailed Task Description]	[Initials]	0.0	$0.00	$0.00
[Date]	[Detailed Task Description]	[Initials]	0.0	$0.00	$0.00

DISBURSEMENTS & EXPENSES

Date	Description	Amount
[Date]	[e.g., Filing Fees, Courier, Photocopying]	$0.00
Services Total:		$0.00
Expenses Total:		$0.00
Tax ([0]%):		$0.00
TOTAL DUE:		**$0.00**

Terms: Payment is due within [30] days. Please make checks payable to "[Law Firm Name]".

Thank you for the opportunity to be of service.