

INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [Date]
Billing Period: [Month, Year]

BILL TO:

[Client Company Name]
[Attention: Name/Department]
[Street Address]
[City, State, Zip]

AGREEMENT REFERENCE:

Project: [Retainer Agreement Name]
Matter ID: [Reference Number]
Lead Counsel: [Attorney Name]

Description of Services / Fee Type	Rate / Allocation	Total
Monthly Legal Retainer Fee - [Current Month]	\$0.00	\$0.00
Overage Hours (Tier 1) - [Hours] units	\$0.00/hr	\$0.00
Reimbursable Expenses (Filing Fees, Travel, etc.)	-	\$0.00

Subtotal: \$0.00
Adjustments/Credits: (\$0.00)
Total Amount Due: \$0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Law Firm Name]**. For Wire/ACH transfers, please use Account: [Number] | Routing: [Number].
Payment is due within [Number] days of invoice date.