[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Reference]

BILL TO:
[Client Name]
[Client Address]
[City, State, Zip]

Date	Attorney / Staff	Description of Services	Hours	Rate	Total
[Date]	[Name]	[Task Description]	0.00	$0.00	$0.00
[Date]	[Name]	[Task Description]	0.00	$0.00	$0.00

Expenses & Disbursements	Amount
[Description, e.g., Filing Fees, Courier]	$0.00

Services Subtotal: $0.00
Expenses Subtotal: $0.00

Total Amount Due: $0.00

Please make all checks payable to **[Law Firm Name]**.

Payment is due within [Number] days of invoice date.