[LAW FIRM NAME]

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

INVOICE

Invoice #: [000001]
Date: [Date]
Matter ID: [Matter-001]

BILL TO:

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

MATTER DESCRIPTION:

[Project Name/Legal Matter Title]

Date	Professional	Description of Services	Hours	Rate	Total
[Date]	[Initials]	[Description of legal work performed]	0.00	$0.00	$0.00
[Date]	[Initials]	[Description of legal work performed]	0.00	$0.00	$0.00

Total Hours:	0.00
Subtotal Fees:	$0.00
Expenses/Disbursements:	$0.00
Total Amount Due:	**$0.00**

Payment Terms: Payable upon receipt or within [30] days. Please include invoice number with remittance.

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