[LAW FIRM NAME]

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

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

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

MATTER:
File #: _____
Subject: _____

DATE	ATTORNEY	DESCRIPTION OF SERVICES	HOURS	RATE	TOTAL

Reimbursable Expenses

DATE	EXPENSE CATEGORY / DESCRIPTION	AMOUNT

Professional Fees: $0.00
Total Expenses: $0.00
BALANCE DUE: $0.00

Payment Instructions: Please make checks payable to [Law Firm Name]. For wire transfer instructions, please contact our billing department.

Thank you for your business.