[LAW FIRM NAME]

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

INVOICE

Invoice #: _____

Date: _____

Matter ID: _____

BILL TO:

[Client Name]
[Company Name]
[Address]
[Email]

MATTER:

[e.g., Wrongful Termination / EEOC Claim]
Attorney: [Name/Initials]

Date	Description of Professional Services	Hours	Rate	Total

Date	Expenses / Disbursements	Amount
	[e.g., Filing Fees, Courier, Photocopies]	

Total Service Fees: $_____

Total Expenses: $_____

Balance Due: $_____

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

Terms: Due upon receipt. Late payments may be subject to interest as permitted by law.