[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Matter Name/Ref]

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

DATE	PROFESSIONAL SERVICES / DESCRIPTION	HOURS	RATE	AMOUNT
[Date]	[Description of legal service rendered]	0.00	$0.00	$0.00
[Date]	[Description of legal service rendered]	0.00	$0.00	$0.00

DISBURSEMENTS & EXPENSES	AMOUNT
[Description of expense, e.g., Filing Fees]	$0.00

Services Subtotal: $0.00
Expenses Subtotal: $0.00

TOTAL BALANCE DUE: $0.00

Payment Terms: Due within [30] days. Please make checks payable to "[Law Firm Name]".

Thank you for your business.