[LAW FIRM NAME]

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

INVOICE

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

BILL TO

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

MATTER DESCRIPTION

RE: [Case Name / Legal Matter Description]

Date	Professional	Description of Services	Hours	Rate	Total
[MM/DD/YY]	[Initials]	[Task description, e.g., Review of discovery documents]	0.00	$0.00	$0.00
[MM/DD/YY]	[Initials]	[Task description, e.g., Preparation for deposition]	0.00	$0.00	$0.00

EXPENSES & DISBURSEMENTS

Date	Description	Amount
[MM/DD/YY]	[e.g., Court Filing Fees / Photocopying]	$0.00

Service Total:	$0.00
Expense Total:	$0.00
Total Due:	**$0.00**

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

Payment is due within [30] days. Thank you for your business.