INVOICE

[Paralegal Name/Firm]
[Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Case/Matter Ref: [Matter Name]

BILL TO:

[Attorney/Law Firm Name]
[Client Name, if applicable]
[Address]
[City, State, Zip]

Date	Description of Services	Hours	Rate	Total
[Date]	[Task Description]	0.0	$0.00	$0.00
[Date]	[Task Description]	0.0	$0.00	$0.00
[Date]	[Task Description]	0.0	$0.00	$0.00

Subtotal: $0.00
Expenses/Costs: $0.00

Total Due: $0.00

Payment Terms:

Please remit payment within [30] days of receipt. Checks payable to [Name].

Thank you for your business.