[LAW FIRM NAME]

[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]

INVOICE

Invoice #: [00000]
Date: [Date]
Matter ID: [Matter Name/Number]

BILL TO:

[Client Name]
[Client Address Line 1]
[Client Address Line 2]

DATE	PROFESSIONAL	DESCRIPTION OF SERVICES	HOURS	RATE	AMOUNT
[Date]	[Initials]	[Task Description/Professional Activity]	0.0	$0.00	$0.00
[Date]	[Initials]	[Task Description/Professional Activity]	0.0	$0.00	$0.00
DISBURSEMENTS & EXPENSES					
[Date]	-	[Expense Description - e.g., Filing Fees, Courier]	-	-	$0.00

Fees Total: $0.00
Expenses Total: $0.00
Tax ([0]%): $0.00
TOTAL DUE: $0.00

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

Payment is due within [30] days of invoice date. Terms and interest may apply to overdue accounts.