

INVOICE

Referral Fee

[Referring Law Firm Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / EIN]

BILL TO:

[Receiving Law Firm Name]

[Address Line 1]

[City, State, Zip]

DETAILS:

Invoice #: [00001]

Date: [MM/DD/YYYY]

Payment Due: [Upon Receipt / 30 Days]

CASE REFERENCE

Client Name / Case Number	Matter Type	Total Settlement/Fee	Fee %	Amount Due
[Client Name] / #[Case ID]	[e.g., Personal Injury]	[\$[0.00]]	[00]%	[\$[0.00]]

Subtotal: \$[0.00]

Total Due: \$[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Referring Law Firm Name]** or transfer via ACH to:

Bank: [Bank Name] | Account: [Number] | Routing: [Number]

This fee is shared in accordance with the signed referral agreement and applicable Rules of Professional Conduct.