PROFESSIONAL INVOICE

[Law Firm / Consultant Name]
[Mailing Address]
[Tax ID / Bar Number]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Contact Email]

MATTER / REFERENCE:

[Case Name or File Number]

Date	Description of Services / Professional Activities	Rate	Hours	Amount
[MM/DD]	[Detailed description of legal consulting/research]	$[0.00]	[0.00]	$[0.00]
[MM/DD]	[Review of documents and correspondence]	$[0.00]	[0.00]	$[0.00]

Reimbursable Expenses / Disbursements	Amount
[e.g. Filing Fees, Courier, Travel]	$[0.00]

Service Subtotal: $[0.00]
Expenses: $[0.00]
Total Balance Due: $[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to: [Payee Name]
Wire Transfer / ACH: [Bank Details]

Thank you for your business.