

[LAW FIRM NAME]

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

INVOICE

Date: [Date]
Invoice #: [0000]
Matter #: [Case Ref]

BILL TO:
[Client Name]
[Client Address]
[Client Email]

RE:
[Legal Matter / Professional Services Name]

| DESCRIPTION OF SERVICES | DATE | RATE/HR | HOURS | AMOUNT |
|-------------------------|---------|---------|-------|--------|
| [Service Description] | [MM/DD] | \$0.00 | 0.00 | \$0.00 |
| [Service Description] | [MM/DD] | \$0.00 | 0.00 | \$0.00 |

Subtotal: \$0.00
Disbursements/Costs: \$0.00
TOTAL DUE: \$0.00

Payment Instructions: Please make checks payable to [Law Firm Name]. For wire transfer instructions or credit card payments, please contact our administrative office.

Thank you for your trust in our counsel.