

[LAW FIRM NAME]

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

INVOICE

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

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]

MATTER DETAILS:

Matter Name: [Case Name / Caption]
Matter #: [Internal Reference Number]
Attorney: [Responsible Attorney Name]

DATE	ATTY/STAFF	DESCRIPTION OF PROFESSIONAL SERVICES	HOURS	RATE	AMOUNT
[Date]	[Initials]	[Detailed description of legal work performed, e.g., Drafting Complaint; Researching Statutes; Conference with Counsel]	0.00	\$0.00	\$0.00

EXPENSES & DISBURSEMENTS	AMOUNT
[e.g., Filing Fees, Process Server, Expert Witness, Photocopies]	\$0.00

Total Professional Services: \$0.00
Total Expenses: \$0.00
TOTAL AMOUNT DUE: \$0.00

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

Terms: Net [30] days. Late payments may be subject to interest as permitted by law or retainer agreement.