

[LAW FIRM NAME]

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

INVOICE

Invoice #: [00000]
Date: [Date]
Matter ID: [Matter-000]

BILL TO:

[Client Name]
[Company Name]
[Client Address]
[Client Email]

RE: PROFESSIONAL SERVICES

[Matter Name / Description of Legal Services for Month/Year]

DATE	PROFESSIONAL	DESCRIPTION OF SERVICES	HOURS	RATE	TOTAL
[MM/DD]	[Initials]	[Service Description / Drafting / Review / Consultation]	0.00	\$0.00	\$0.00
DISBURSEMENTS / EXPENSES					AMOUNT
[Filing Fees / Travel / Courier / Research Services]					\$0.00

Total Fees: \$0.00
Total Expenses: \$0.00
BALANCE DUE: \$0.00

Payment Terms: Payable upon receipt. Please include Invoice Number with your remittance.

Wire Instructions: [Bank Name] | **Account:** [Number] | **Routing:** [Number]