

[ATTORNEY NAME], J.D.

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [Email]

INVOICE

Invoice #: _____
Date: _____
Matter ID: _____

BILL TO:

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

CASE/MATTER:

[Matter Description / Case Caption]

Date	Description of Professional Services	Hours	Rate	Total

Service Subtotal: \$ _____
Disbursements/Costs: \$ _____

TOTAL DUE: \$ _____

Payment Terms: Due within [X] days of invoice date. Please make checks payable to "[Attorney or Firm Name]".

Professional services rendered in the capacity of Juris Doctor.