

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Matter Name/No.]

CLIENT:

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

PAYMENT TERMS:

Due Date: [Date]
Payable to: [Law Firm Name]

Date	Professional / Description of Services	Hours	Rate	Total
[Date]	[Attorney Name] - [Service Description]	0.00	\$0.00	\$0.00
[Date]	[Attorney Name] - [Service Description]	0.00	\$0.00	\$0.00
Expenses & Disbursements			Cost	
[e.g., Court Filing Fees, Courier, Photocopies]			\$0.00	

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

Please include the invoice number with your payment. Thank you for your business.