

# [LAW FIRM NAME]

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

## INVOICE

**Invoice #:** [00000]  
**Date:** [Date]  
**Matter ID:** [Case Reference]

### TO:

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

### PROFESSIONAL SERVICES (Hourly)

DATE	PROFESSIONAL	DESCRIPTION OF SERVICES	HOURS	RATE	TOTAL
[MM/DD]	[Name/Initials]	[Detailed Task Description]	0.0	\$0.00	\$0.00
[MM/DD]	[Name/Initials]	[Detailed Task Description]	0.0	\$0.00	\$0.00

### FLAT FEE / RETAINER ITEMS

DATE	SERVICE DESCRIPTION	AMOUNT
[MM/DD]	[e.g., Filing Fee / Monthly Retainer / Fixed Phase]	\$0.00

### ADDITIONAL COSTS & DISBURSEMENTS

DATE	DESCRIPTION	AMOUNT
[MM/DD]	[e.g., Photocopying, Court Fees, Travel]	\$0.00

Service Subtotal: \$0.00  
Expenses Subtotal: \$0.00  
Tax ([0] %): \$0.00  
TOTAL DUE: \$0.00

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**Payment Terms:** Payable upon receipt. Please make checks payable to "[Law Firm Name]".

*Thank you for the opportunity to be of service.*