

INVOICE

[Service Provider Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Client / Law Firm:

[Contact Name]

[Firm Name]

[Street Address]

[City, State, Zip]

Invoice #: [00000]

Date: [Date]

Matter Name: [Case Reference]

Matter #: [Case Number]

DATE	DESCRIPTION OF SERVICE	RATE/UNIT	QTY/HRS	AMOUNT
------	------------------------	-----------	---------	--------

[Date]	[e.g., Document Review / E-Discovery Processing]	\$0.00	0.00	\$0.00
--------	--	--------	------	--------

[Date]	[e.g., Expert Witness Testimony / Deposition Prep]	\$0.00	0.00	\$0.00
--------	--	--------	------	--------

[Date]	[e.g., Forensic Data Acquisition]	\$0.00	0.00	\$0.00
--------	-----------------------------------	--------	------	--------

Subtotal: \$0.00

Reimbursable Expenses: \$0.00

Total Balance Due: \$0.00

Payment Terms: Net [30] Days. Please make checks payable to [Provider Name].

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