

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [0000]
Date: [Month DD, YYYY]
Matter ID: [Case Name/Number]

BILL TO:

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

DATE	ATTORNEY/STAFF	DESCRIPTION OF SERVICES	HOURS	RATE	TOTAL
[MM/DD]	[Name]	Initial consultation and case file review.	0.0	\$0.00	\$0.00
[MM/DD]	[Name]	Drafting and filing of [Document Name].	0.0	\$0.00	\$0.00
[MM/DD]	[Name]	Legal research regarding [Subject matter].	0.0	\$0.00	\$0.00

ADDITIONAL COSTS / FILING FEES

DATE	ATTORNEY/STAFF	DESCRIPTION OF SERVICES	HOURS	RATE	TOTAL
[MM/DD]	-	Court Filing Fee	-	-	\$0.00

Professional Services: \$0.00

Total Expenses: \$0.00

TOTAL DUE: \$0.00

Payment Terms: Please remit payment within 30 days of invoice date. Checks payable to "[Law Firm Name]".

Thank you for your business.