

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

BILL TO:

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

PROPERTY / MATTER:

Ref: [Property Address or Escrow Number]
Matter: [e.g., Closing Services / Title Review]

Description of Services / Disbursements	Rate/Price	Qty/Hrs	Amount
Professional Legal Services: [Description]	\$0.00	0.0	\$0.00
Title Search & Examination Fees	\$0.00	1	\$0.00
Recording Fees & Government Filings	\$0.00	1	\$0.00
Courier & Administrative Expenses	\$0.00	1	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Balance Due: \$0.00

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

Wire Instructions: Bank: [Name] | Account: [Number] | Routing: [Number]

Thank you for your business.