

[LAW FIRM NAME]

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

INVOICE

Invoice #: [00000]

Date: [Month DD, YYYY]

Matter ID: [Matter Number]

Client:

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

Attorney:

[Associate Name]
Associate Attorney

Date	Description of Services	Rate	Hours	Total
[MM/DD/YY]	[Detailed description of legal task performed]	[\$[0.00]]	[0.0]	[\$[0.00]]
[MM/DD/YY]	[Detailed description of legal task performed]	[\$[0.00]]	[0.0]	[\$[0.00]]

Date	Description of Services	Rate	Hours	Total
[MM/DD/YY]	[Detailed description of legal task performed]	[\$[0.00]	[0.0]	[\$[0.00]

Subtotal: \$[0.00]
Expenses/Costs: \$[0.00]
Balance Due: \$[0.00]

Payment Terms: Due within [30] days. Please make checks payable to "[Law Firm Name]".

Thank you for your business.