

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Matter ID: [00-000]

CLIENT

[Client Name / Corporation]
[Attention To]
[Street Address]
[City, State, Zip]

MATTER DESCRIPTION

[Project Name / Case Reference Name]

Date	Attorney	Description of Services	Hours	Rate	Total
[MM/DD/YY]	[Initials]	[Professional Service Description]	0.0	\$0.00	\$0.00
[MM/DD/YY]	[Initials]	[Professional Service Description]	0.0	\$0.00	\$0.00

Subtotal: \$0.00
Disbursements/Expenses: \$0.00
Total Balance Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Law Firm Name]**. For wire transfers, please use Wire Reference: [Matter ID].
Payment is due within [30] days of invoice date.