

[LAW FIRM NAME]

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

INVOICE

Invoice #: [000001]

Date: [Month DD, YYYY]

Matter ID: [Case Number/Ref]

BILL TO:

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

Date	Description of Legal Services	Attorney	Hours	Rate	Total
[Date]	[Description of service: e.g., Arraignment Appearance]	[Initials]	0.00	\$0.00	\$0.00
[Date]	[Description of service: e.g., Review of Discovery Materials]	[Initials]	0.00	\$0.00	\$0.00
[Date]	[Description of service: e.g., Pre-Trial Conference]	[Initials]	0.00	\$0.00	\$0.00

Date	Reimbursable Expenses / Costs	Amount
[Date]	[e.g., Court Filing Fees / Expert Witness Fee]	\$0.00
Service Subtotal: \$0.00		
Expenses Subtotal: \$0.00		
TOTAL DUE: \$0.00		

Payment Terms: Please remit payment within [30] days. Make all checks payable to "[Law Firm Name]".

Trust Account Balance: \$[0.00]

Thank you for allowing us to represent you in this matter.