

[LAW FIRM NAME]

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

INVOICE

Date: [Date]
Invoice #: [0000]

BILL TO:

[Client Name]
[Client Address]
[Client Email]

MATTER:

[Matter Name/Reference Number]
[Attorney Name/Initials]

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

Subtotal: \$0.00

Expenses/Disbursements: \$0.00

TOTAL BALANCE DUE: \$0.00

Please make all checks payable to [Law Firm Name].

Terms: Payment due within [30] days. Thank you for your business.