

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Case Number]

BILL TO:

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

MATTER:

[Subject / Case Title]

Date	Professional	Description of Services	Hours	Rate	Total
[Date]	[Initials]	[Legal Research / Drafting / Court Appearance]	0.0	\$0.00	\$0.00
[Date]	[Initials]	[Client Consultation / Correspondence]	0.0	\$0.00	\$0.00

Additional Expenses / Disbursements

Date	Expense Description	Amount
[Date]	[Filing Fees / Photocopies / Travel]	\$0.00

Fees Subtotal: \$0.00
Expenses Subtotal: \$0.00
TOTAL DUE: \$0.00

Payment Terms: Due within [30] days of invoice date.

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

Thank you for your business.