

# FIRM NAME

123 Legal Plaza, Suite 500  
City, State, Zip  
contact@firmname.com

## INVOICE

**Invoice #:** [00000]  
**Date:** [Date]  
**Matter ID:** [Matter-Ref]

**BILL TO:**

**[Client Name]**  
[Company Name]  
[Street Address]  
[City, State, Zip]

**MATTER:**

**[Legal Matter Title / Description]**  
Attn: [Contact Person]

DESCRIPTION OF SERVICES / PROFESSIONAL	HOURS	RATE	AMOUNT
[Service Description - e.g., Contract Review] [Attorney Initials]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Service Description - e.g., Litigation Prep] [Attorney Initials]	[0.0]	[\$[0.00]]	[\$[0.00]]

**DISBURSEMENTS & EXPENSES****AMOUNT**

[Expense Description - e.g., Filing Fees]

\${0.00}

Services Subtotal: \${0.00}

Expenses: \${0.00}

Total Due: \${0.00}

**Payment Terms:** Net [30] days. Please make checks payable to "[Firm Name]".**Wire Instructions:** [Bank Name] | **Routing:** [Number] | **Account:** [Number]