

[LAW FIRM NAME]

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

INVOICE

Invoice #: [000000]

Date: [MM/DD/YYYY]

Matter ID: [Case Number]

CLIENT INFORMATION

[Client Company Name]
Attn: [General Counsel/Contact Person]
[Street Address]
[City, State, Zip]
MATTER REFERENCE

[Case Caption / Litigation Name]
Status: [Active / Discovery / Trial]
Billing Period: [Start Date] - [End Date]

PROFESSIONAL SERVICES

Date	Counsel	Description of Services (UTBMS Codes)	Hours	Rate	Amount
MM/DD/YY	[Initials]	[Task Description: e.g., Review of Plaintiff's Motion to Compel]	0.0	\$0.00	\$0.00
MM/DD/YY	[Initials]	[Task Description: e.g., Preparation for Deposition of Witness X]	0.0	\$0.00	\$0.00

DISBURSEMENTS & EXPENSES

Date	Description	Amount
MM/DD/YY	[e.g., Electronic Filing Fees / Court Reporter Services]	\$0.00

Total Professional Fees: \$0.00

Total Disbursements: \$0.00

TOTAL DUE: \$0.00

PAYMENT INSTRUCTIONS

Please remit payment within 30 days of receipt. Make checks payable to "[Law Firm Name]" or contact [Name] for Wire/ACH instructions.

Thank you for your continued trust in our representation.