

EXPENSE REIMBURSEMENT

[Law Firm Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Matter ID: [Case Number]

Bill To:

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

Attorney/Counsel:

[Lead Attorney Name]
[Department]

Date	Description of Expense	Category	Amount
[Date]	[e.g., Court Filing Fees]	Legal	\$0.00
[Date]	[e.g., Courier / Process Server]	Service	\$0.00
[Date]	[e.g., Travel - Mileage/Parking]	Travel	\$0.00

Date	Description of Expense	Category	Amount
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[Date]	[e.g., Deposition Transcripts]	Administrative	\$0.00
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Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Notes:

Please make checks payable to "[Law Firm Name]". Receipts for all line items are attached for your review. Payment is due within [Number] days.