

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Property Address/File #]

BILL TO

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

PROPERTY / MATTER

[Property Description]
[Transaction Type: e.g., Purchase/Sale/Refinance]
[Closing Date]

Description of Services / Disbursements	Hours/Qty	Rate	Amount
Title Search & Examination	-	-	\$0.00
Document Preparation (Deed, Affidavits, etc.)	0.0	\$0.00	\$0.00
Closing Attendance & Representation	0.0	\$0.00	\$0.00

Description of Services / Disbursements	Hours/Qty	Rate	Amount
Courier & Recording Fees (Disbursement)	1	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

Payment Terms: Due upon receipt or at time of closing. Please make checks payable to [Law Firm Name].

Trust account wiring instructions available upon request. Do not send funds without verbal verification.