

INVOICE

Statement of Legal Services

INVOICE NUMBER
DATE

FROM: LAW FIRM / COUNSEL
TO: CLIENT / RECIPIENT

MATTER REFERENCE / CASE NAME:

Date	Description of Professional Services	Hours/Qty	Rate/Total

Subtotal: \$ _____

Disbursements/Costs: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notice of Rights & Terms: Payment is due upon receipt of this statement unless otherwise governed by a written retainer agreement. Interest may be charged on overdue accounts at the statutory rate. This statement constitutes a formal demand for payment for professional services rendered. If you have questions regarding these entries, please contact the undersigned within 15 days.

Authorized Signature (Counsel)

Date