

[LAW FIRM NAME]

Bankruptcy & Restructuring Group
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [00000]
Date: [Date]
Case Number: [Chapter & Case #]

Client:
[Client Name]
[Client Address]
[City, State, Zip]
Matter:
[Case Title / Description]

Date	Professional / Description of Service	Hours	Rate	Total
[Date]	[Attorney Name] - Petition Review & Filing	[0.00]	[\$[0.00]]	[\$[0.00]]
[Date]	[Attorney Name] - Meeting of Creditors (341)	[0.00]	[\$[0.00]]	[\$[0.00]]
[Date]	[Paralegal Name] - Document Preparation	[0.00]	[\$[0.00]]	[\$[0.00]]

Expenses / Court Costs	Amount
Court Filing Fee (Chapter [7/11/13])	[\$0.00]
Credit Report / Counseling Course Fees	[\$0.00]
Service Total: [\$0.00]	
Expenses Total: [\$0.00]	
Less Retainer Applied: (\$[0.00])	
Total Balance Due: [\$0.00]	

Payment Terms: Due upon receipt. Please make checks payable to "[Law Firm Name]".

Notice: This firm is a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code.