

**[Professional Service Firm Name]**  
[Street Address]  
[City, State, Zip]  
[Tax ID / EIN]

# INVOICE

Date: [Date]

Invoice #: [00000]

Case #: [Bankruptcy Case Number]

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**DEBTOR / CLIENT**

[Debtor Name]  
[Address Line 1]  
[Address Line 2]  
**BILLING PERIOD**

From: [Start Date]

To: [End Date]

Status: [Post-Petition / Pre-Petition]

Date	Professional / Staff	Description of Services (Chapter 11 Task Code)	Hours	Rate	Total

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**REIMBURSABLE EXPENSES**

Date	Category (Travel, Filing, Postage, etc.)	Description	Amount

Total Professional Fees: \$0.00

Total Expenses: \$0.00

Holdback (if applicable %): (\$0.00)  
Net Amount Due: \$0.00

**PAYMENT INSTRUCTIONS**

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Please make checks payable to **[Firm Name]**. Wire instructions available upon request.  
This invoice is subject to review and approval by the United States Bankruptcy Court.