

INVOICE

Chapter 7 Filing Services

Invoice #: _____

Date: _____

Provider Information

Name/Firm: _____

Address: _____

Phone: _____

Email: _____

Client Information

Debtor Name: _____

Case Number: _____

Address: _____

Description of Professional Services	Amount
Court Filing Fee (Chapter 7)	\$
Attorney/Preparation Fees	\$
Credit Counseling Report Retrieval	\$
Means Test Analysis	\$
Post-Petition Education Course Fee	\$
Administrative/Postage Expenses	\$

Subtotal: \$ _____
Adjustments/Retainers: (\$ _____)
Total Balance Due: \$ _____

Payment Terms: Payment is due upon receipt unless otherwise specified in the Representation Agreement. Please make checks payable to the firm name listed above.

Notice: This document is for billing purposes regarding a Chapter 7 Bankruptcy liquidation filing.