

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [0000]
Due Date: [Date]

TO:

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

RE: [Debtor Name]

Case No: [Bankruptcy Case #]

Chapter: [7/11/13]

DATE	PROFESSIONAL	DESCRIPTION OF SERVICES / EXPENSES	HOURS	RATE	TOTAL
[MM/DD/YY]	[Initial]	[Detailed description of legal services performed]	0.00	\$0.00	\$0.00
[MM/DD/YY]	[Initial]	[Detailed description of legal services performed]	0.00	\$0.00	\$0.00
[MM/DD/YY]	-	[Expense: Court Filing Fee / Credit Report / Etc.]	-	-	\$0.00

Total Professional Fees: \$0.00
Total Expenses/Costs: \$0.00
Less Retainer Applied: (\$0.00)
TOTAL BALANCE DUE: \$0.00

Please make all checks payable to "[Law Firm Name]".

Professional services rendered in accordance with the U.S. Bankruptcy Code.