

INSOLVENCY SERVICE INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Case Ref: [Matter No. / Court Case No.]

Client / Debtor:

[Client Name]
[Client Address]
[Contact Email/Phone]

Trustee / Estate (if applicable):

[Entity Name]
[Chapter Type: 7, 11, 13]

Date	Description of Legal Services / Disbursement	Hours / Qty	Rate	Total
[Date]	[e.g., Initial Consultation / Petition Filing]	[0.00]	[\$0.00]	[\$0.00]
[Date]	[e.g., Creditors Meeting Representation]	[0.00]	[\$0.00]	[\$0.00]
[Date]	[e.g., Court Filing Fees]	[1]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Less Retainer Paid: [(\$0.00)]

Total Balance Due: [\$0.00]

Payment Instructions: [Bank Name / Wire Transfer Info / Check Payable To]

Note: This invoice is subject to court approval if required by bankruptcy local rules.