

# [LAW FIRM NAME]

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

## INVOICE

**Invoice #:** [0000]

**Date:** [Date]

**Case No.:** [Bankruptcy Case Number]

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### CLIENT / DEBTOR

[Client Name]  
[Mailing Address]  
[Chapter 7/11/13 Proceeding]

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### PROFESSIONAL SERVICES

Date	Description of Legal Services	Attorney	Hours	Rate	Total
[Date]	Preparation of Petition and Schedules	[Initials]	0.0	\$0.00	\$0.00
[Date]	Attendance at 341 Meeting of Creditors	[Initials]	0.0	\$0.00	\$0.00

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### EXPENSES & COURT COSTS

Date	Description	Amount
[Date]	Bankruptcy Court Filing Fee	\$0.00
[Date]	Credit Report Retrieval Fee	\$0.00

Service Total: \$0.00  
Expenses Total: \$0.00  
Retainer Applied: (\$0.00)

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**Total Amount Due: \$0.00**

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**Payment Instructions:** Please make checks payable to "[Law Firm Name]" and reference the Case Number. Payments are due within [Number] days of receipt.

*Note: This invoice may be subject to Bankruptcy Court approval pursuant to Local Rules.*