

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Billing Period: [Range]

TO:

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

CASE INFORMATION:

Chapter: [7/11/13]
Case No: [00-00000]
Judge: [Name]

RE: [Case Name / Debtor Name] Professional Services Rendered and Disbursements Incurred.

DATE	ATTORNEY	DESCRIPTION OF SERVICES / TASK CODE	HOURS	RATE	TOTAL
[Date]	[Initials]	Preparation of Voluntary Petition and Schedules; Review of financial statements.	0.0	\$0.00	\$0.00
[Date]	[Initials]	Attendance at 341 Meeting of Creditors; Correspondence with Trustee.	0.0	\$0.00	\$0.00

EXPENSES & DISBURSEMENTS

DATE	DESCRIPTION	AMOUNT
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[Date]	Court Filing Fee - Bankruptcy Petition	\$0.00
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[Date]	Credit Report / UCC Search Fees	\$0.00
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Professional Services: \$0.00

Total Expenses: \$0.00

Less Retainer Held: (\$0.00)

TOTAL DUE: \$0.00

Remittance Advice: Please make checks payable to "[Law Firm Name]".

Confidential: This statement contains privileged information regarding legal representation in United States Bankruptcy Court.