

LEGAL SERVICES INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Matter Ref: [Client-Matter ID]

BILL TO:

[Client Company Name]
Attn: [Contact Person/Legal Dept]
[Street Address]
[City, State, Zip]

DATE	DESCRIPTION OF LEGAL SERVICES	RATE/HR	HOURS	AMOUNT
[Date]	[Professional Service Description - e.g., Contract Review]	\$0.00	0.0	\$0.00
[Date]	[Professional Service Description - e.g., Litigation Support]	\$0.00	0.0	\$0.00
Disbursements & Expenses				\$0.00

Subtotal: \$0.00
Tax (%): \$0.00
Total Due: \$0.00

Payment Terms: Net [30] Days. Please make checks payable to "[Law Firm Name]".

Wire Instructions: Bank: [Bank Name] | Account: [Number] | Routing: [Number]