

[Law Firm Name]

[Address Line 1]

[City, State, Zip]

[Phone Number]

INVOICE

BILL TO:

[Client Name]

[Client Address]

[Case/Matter Reference]

INVOICE #: [0000]

DATE: [Date]

DUE DATE: [Date]

Date	Description of Legal Services	Hours	Rate	Total

Subtotal: \$0.00

Expenses/Disbursements: \$0.00

Total Balance Due: \$0.00

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

Payment is due within [Number] days. Thank you for your business.