

[LAW FIRM NAME]

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

INVOICE

Invoice #: _____
Date: _____

TO (CLIENT):
[Client Name]
[Client Address]
[Matter/Case Name]

MATTER ID: [000-000]
ATTORNEY: [Name/Initials]
TERMS: Due on Receipt

Date	Description of Legal Services	Hours	Rate	Amount
//	[Service Description]	0.0	\$0.00	\$0.00
//	[Service Description]	0.0	\$0.00	\$0.00
Reimbursable Expenses / Costs				
//	[Expense Description: e.g., Filing Fees, Courier]			\$0.00

Services Subtotal: \$0.00
Expenses Subtotal: \$0.00

TOTAL DUE: \$0.00

Payment Instructions:

Please make checks payable to "[Law Firm Name]". For wire transfers or credit card payments, please contact our billing department at [Phone/Email].

Thank you for your business.