

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [00000]

Date: [Month DD, YYYY]

Case Reference: [Case ID / Matter Name]

TO:

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

Date	Description of Legal Services	Hours	Rate	Amount
[MM/DD]	[Description of task/counsel/filing]	0.0	\$0.00	\$0.00
[MM/DD]	[Description of task/counsel/filing]	0.0	\$0.00	\$0.00
Additional Expenses / Disbursements				Amount
[e.g., Court Filing Fees, Photocopying, Travel]				\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Terms: Due within [30] days. Please make checks payable to "[Law Firm Name]".

Trust Account Balance: \$0.00

Thank you for choosing our firm for your legal representation.