

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Month Day, Year]
Matter ID: [Case Number]

CLIENT

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

MATTER DESCRIPTION

[Legal Matter Title / Professional Services Description]

Date	Professional Services / Description	Rate	Hours	Amount
[MM/DD]	[Task Description - e.g., Initial Consultation, Document Review]	[\$[0.00]]	[0.0]	[\$[0.00]]
[MM/DD]	[Task Description - e.g., Drafting Pleadings, Research]	[\$[0.00]]	[0.0]	[\$[0.00]]

Expenses / Disbursements**Amount**

[Expense Description - e.g., Court Filing Fees, Postage]

\${0.00}

Service Subtotal: \${0.00}

Expenses Subtotal: \${0.00}

TOTAL DUE: \${0.00}

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

Payment is due within [30] days of invoice date.