[LAW FIRM NAME]

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

INVOICE

Invoice #: [00000]

Date: [MM/DD/YYYY]

Case Reference: [Case Name/No.]

BILL TO:

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

DUE DATE:

[MM/DD/YYYY]

Date	Description of Services / Professional Task	Attorney	Hours	Rate	Total
[Date]	[Service Description]	[Initials]	0.0	$0.00	$0.00
[Date]	[Service Description]	[Initials]	0.0	$0.00	$0.00

Expenses & Disbursements	Amount
[e.g. Filing Fees, Courier, Photocopies]	$0.00

Service Subtotal: $0.00
Expenses Subtotal: $0.00
TOTAL DUE: $0.00

Payment Terms: Please make checks payable to "[Law Firm Name]". Late payments may be subject to interest as permitted by local bar regulations.

Thank you for your business.