[LAW FIRM NAME]

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

OUTSTANDING INVOICE

Invoice #: [00000]
Date: [Date]
Matter ID: [Reference Number]

BILL TO:

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

MATTER RE:

[Case Name / Legal Service Description]

Date	Description of Services / Professional	Hours	Rate	Total
[MM/DD/YY]	[Service Description]	0.0	$0.00	$0.00
[MM/DD/YY]	[Service Description]	0.0	$0.00	$0.00

Subtotal: $0.00
Costs/Disbursements: $0.00

BALANCE DUE: $0.00

Payment Terms: Payable upon receipt. Please include invoice number with your payment.

Wiring Instructions: [Bank Name] | **Account:** [Number] | **Routing:** [Number]