INVOICE

[Assistant Name/Business]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE NUMBER [000]
DATE [Month DD, YYYY]
DUE DATE [Month DD, YYYY]

BILL TO **[Attorney/Law Firm Name]**
[Firm Address]
[City, State, Zip]
[Client Reference/Matter #]
PAYMENT INSTRUCTIONS [Bank Name / Wire Info / Payment Link]
Check payable to: [Name]

Date	Description of Legal Support Services	Hours	Rate	Amount
[Date]	[e.g., Document Drafting / Case Research]	0.0	$0.00	$0.00
[Date]	[e.g., E-Filing / Calendar Management]	0.0	$0.00	$0.00
[Date]	[e.g., Transcription / Client Intake]	0.0	$0.00	$0.00

Subtotal: $0.00
Expenses/Costs: $0.00
Total Due: $0.00

Notes: All work performed is confidential and subject to attorney-client privilege protocols. Thank you for your business.