

.....
.....
.....

Paralegal License/Reg No:

INVOICE

Invoice No.	
Date	
Due Date	

BILL TO

.....
.....
.....

CASE / MATTER REFERENCE

Matter Name:

.....

Matter No. / Court Docket:

.....

DATE	DESCRIPTION OF SERVICES	HOURS	RATE	TOTAL
------	-------------------------	-------	------	-------

PAYMENT TERMS & INSTRUCTIONS

Payment is due within thirty (30) days of invoice date.
Please make checks payable to the provider listed above.

Wire/ACH Transfer Details:

Bank Name:
Routing No:
Account No:

Subtotal: _____

Retainer Applied: _____

Total Due:

Thank you for your business.