

INVOICE

Professional services — time entries and costs

Invoice no.

Invoice date

Billing period

FIRM

Firm name / attorney name

Address

Phone / email / bar no.

**FOR PROFESSIONAL SERVICES RENDERED
(PERIOD)**

CLIENT AND MATTER

Client name

Address

Matter name or number

TIMEKEEPER(S)

DATE	DESCRIPTION OF WORK	HOURS	RATE	AMOUNT
TIME ENTRIES — ONE LINE PER TASK, TIME IN TENTHS OF AN HOUR				
COSTS — ACTUAL OUT-OF-POCKET, EACH NAMED				

Fees subtotal _____

Costs

Total fees and costs _____

PAYMENT TERMS AND REMIT INSTRUCTIONS

Prepared by

NOTES

Date _____