[Company Name]

INVOICE

[Street Address]

[City, ST, ZIP]

Phone: (000) 000-0000

INVOICE #	DATE
54321	27/11/2018

BILL TO
[Name]
[Company Name]
[Street Address]
[City, ST, ZIP]
[Phone]
[Email]

CASE NUMBER	TERMS
123	Net 30

DESCRIPTION	Hours	Rate	AMOUNT
Prep witnesses for testimony	10,00	$ 150,00	$ 1.500,00
Legal document filing with courts	3.00	$ 65,00	$ 195,00
Expenses to be reimbursed:			
Mileage to/from client's office		$ 35,00	$ 35,00
Parking fees		$ 125,00	$ 125,00
Notarized documents and other court filing fees		$ 75,00	$ 75,00
			$ 0,00
			$ 0,00
			$ 0,00
			$ 0,00
			$ 0,00
			$ 0,00
			$ 0,00
			$ 0,00
			$ 0,00
			$ 0,00
Thank you for your business!	**SUBTOTAL**		$ 1.930,00
Please remit payment via check or click this link to pay by debit/credit card or ACH.	**TOTAL**		$ 1.930,00

If you have any questions about this invoice, please contact

[Name, Phone, email@address.com]