[Company Logo]

[Law Firm Name]

[Street Address] [Tax ID] / [Email] [City, ST, Zip]

[Client Name]

[Street Address] [City, ST, Zip]

- 37 - 7 13

Invoice

Invoice #	[Number]
Invoice Date	4/1/2024
Due Date	4/1/2024
Balance Due	\$0.00
Payment Terms	[Payment terms]
Case / Matter	[Case] / [Matter]

Securely pay online with your credit card

[Payment link]

Time Entries						
DATE	EE	ACTIVITY	DESCRIPTION	RATE	HOURS	LINE TOTAL
04/01/2024	XXX	[Activity]	[Description]	\$0.00	0.00	\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
				Totals:	0.00	\$0.00

Expenses						
DATE	EE	ACTIVITY	DESCRIPTION	RATE	QUANTITY	LINE TOTAL
04/01/2024	XXX	[Activity]	[Description]	\$0.00	0.00	\$0.00
						\$0.00
						\$0.00
						\$0.00
					Expense total:	\$0.00

Adjustm	ents					
ITEM	APPLIED TO	TYPE	DESCRIPTION	BASIC	PERCENT	LINE TOTAL
Tax	Sub-Total	% - Percentage	[Description]	\$0.00	0.00%	\$0.00

Additional Total:

\$0.00

Terms & Conditions:	Time Entry Sub-Total:	\$0.00
[Add payment terms and conditions]	Expense Sub-Total:	\$0.00
	Sub-Total:	\$0.00
	Additions:	\$0.00
Account Summary	Total:	\$0.00
[Client Name]'s Retainer Balance as of MM/DD/YYYY	Amount Paid:	\$0.00
Starting Balance: \$XXXX.XX Remaining Balance After Disbursements: \$XXXX.XX	BALANCE DUE:	\$0.00

Reminder: Retainer is approaching the minimum balance of \$XXXX. Please replenish the retainer to avoid uninterrupted legal services.