

INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Company Name]
[Client Contact Name]
[Client Address]
[City, State, Zip]

PROJECT / MATTER:

[Matter Name or Reference Number]
[Attorney/Consultant Name]

Description of Services	Hours	Rate	Amount
[Service Description - e.g., Contract Review]	0.0	\$0.00	\$0.00
[Service Description - e.g., Compliance Consultation]	0.0	\$0.00	\$0.00
[Service Description - e.g., Corporate Filing]	0.0	\$0.00	\$0.00

Subtotal: \$0.00
Tax/Fees: \$0.00
Total Due: \$0.00

PAYMENT INSTRUCTIONS

Please make all checks payable to [Consulting Firm Name].

Wire Transfer: [Bank Name] | Acc: [Number] | Routing: [Number]

Thank you for your business.