

**[LAW FIRM NAME]**

[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Email/Website]

**INVOICE**

**Invoice #:** [00000]  
**Date:** [Date]  
**Due Date:** [Date]  
**Matter ID:** [Case Number]

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**CLIENT INFORMATION**

**[Client Name]**  
[Company Name]  
[Street Address]  
[City, State, Zip]

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**PAYMENT TERMS**

Method: [Wire/Check/Credit Card]  
Reference: [Consulting Agreement Date]  
Interest: [0.0%] per month on overdue balances.

Description of Legal Services / Professional Consulting	Staff	Hours	Rate	Amount
[e.g., Drafting of Master Service Agreement]	[Initial]	0.0	\$0.00	\$0.00

Description of Legal Services / Professional Consulting	Staff	Hours	Rate	Amount
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[e.g., Regulatory Compliance Review]	[Initial]	0.0	\$0.00	\$0.00
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[e.g., Litigation Strategy Consultation]	[Initial]	0.0	\$0.00	\$0.00
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Reimbursable Expenses / Disbursements	Amount
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[e.g., Filing Fees / Travel / Document Production]	\$0.00
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Subtotal (Fees): \$0.00  
 Total Expenses: \$0.00  
 Tax ([0] %): \$0.00  
 Total Balance Due: \$0.00

**NOTES**

Please include the invoice number on your payment. Legal services are provided pursuant to the Retainer Agreement signed on [Date]. Confidentiality and attorney-client privilege apply to all communications regarding these billings.