

CONSULTANT NAME/FIRM

123 Legal Avenue, Suite 100
City, State, Zip Code
Email: contact@firm.com

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [0000]
Case Ref: [Reference Name/ID]

BILL TO:

Client Name / Company
Attn: Department/Contact
Street Address
City, State, Zip Code

PAYMENT TERMS:

Due Date: [MM/DD/YYYY]
Payment Method: [Wire/Check/ACH]

Description of Services	Hours/Qty	Rate	Amount
Employment Policy Review & Compliance Audit	0.00	\$0.00	\$0.00
Legal Consultation - [Topic: e.g. Severance Agreements]	0.00	\$0.00	\$0.00
HR Training & Documentation Workshop	0.00	\$0.00	\$0.00

Description of Services	Hours/Qty	Rate	Amount
Administrative/Filing Fees	1.00	\$0.00	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00
Balance Due: \$0.00

Notes: Please include the invoice number with your payment. Late payments may be subject to a 1.5% monthly interest fee.

Thank you for your business.