

EXPERT LEGAL CONSULTING

[Firm Address Line 1]
[City, State, Zip]
Phone: (555) 000-0000

INVOICE

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

Client:

[Client Name]
[Company Name]
[Address Line 1]
[City, State, Zip]

Payment Terms:

Due Date: [MM/DD/YYYY]
Net 30 Days

Description of Services	Rate/Hr	Hours	Total
Initial Case Review & Documentation Analysis	\$0.00	0.0	\$0.00
Legal Research & Statutory Interpretation	\$0.00	0.0	\$0.00
Expert Witness Deposition Testimony	\$0.00	0.0	\$0.00

Description of Services	Rate/Hr	Hours	Total
Consultation with Lead Counsel	\$0.00	0.0	\$0.00
<hr/> Subtotal: \$0.00 Administrative Fees: \$0.00			
<hr/> Total Amount Due: \$0.00			

Payment Instructions: Please make checks payable to "Expert Legal Consulting" or wire to [Bank Details].

Thank you for your business.