

INVOICE

[Consultant Name/Firm]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

Invoice #: [0000]

Date: [Date]

Due Date: [Date]

BILL TO:

[Client Name]

[Company Name]

[Address]

[Matter Reference/Case ID]

DATE	DESCRIPTION OF LEGAL SERVICES	HOURS	RATE	TOTAL
[Date]	[Service/Consultation/Review]	0.0	\$0.00	\$0.00
[Date]	[Service/Drafting/Research]	0.0	\$0.00	\$0.00

Subtotal: \$0.00

Expenses/Disbursements: \$0.00

Total Amount Due: \$0.00

Payment Instructions:

Please make checks payable to [Name] or wire to [Bank Details].

Thank you for your business.