

INVOICE

Law Firm / Consultant Name
Street Address
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

CLIENT:

Client Name / Company
Attention: Contact Person
Street Address
City, State, Zip

SERVICE PERIOD:

Start Date: _____
End Date: _____

DESCRIPTION OF SERVICES	HOURS / UNITS	RATE	AMOUNT
Monthly Retainer Fee - Legal Advisory Services	1	\$0.00	\$0.00
Additional Hourly Consultations (Exceeding Retainer)	0	\$0.00	\$0.00
Reimbursable Expenses (Filings, Travel, etc.)	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Firm Name]. For wire transfers, use Account: [Number] Routing: [Number].

Terms:

Payment is due within [Number] days. Late payments may be subject to a [Percentage]% monthly interest charge.