INVOICE

Consultation Services

[Law Firm Name]
[Street Address]
[City, State, Zip]

BILL TO

[Client Name]
[Client Company]
[Client Address]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Matter Ref: [Contract Case ID]
Due Date: [MM/DD/YYYY]

Description of Legal Services	Hours	Rate	Amount
Initial Contract Review & Risk Assessment	[0.0]	$[0.00]	$[0.00]
Legal Research & Case Law Analysis	[0.0]	$[0.00]	$[0.00]
Contract Drafting & Clause Negotiation	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax (if applicable): $[0.00]
Total Amount: $[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Law Firm Name]**.
Wire Transfer / ACH: [Bank Details]

Thank you for your business.