EMPLOYMENT LAW ASSOCIATES

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Date: _____
Matter #: _____

CLIENT INFORMATION

[Client Name]
[Client Address]
[City, State, Zip]
[Email]

CASE / MATTER

Subject: [e.g., Wrongful Termination Review]
Attorney: [Name/Initials]
Billing Period: [Start] - [End]

Date	Description of Legal Services	Hours	Rate	Total
[Date]	Initial Consultation & Case Assessment	0.00	$0.00	$0.00
[Date]	Document Review (Contract/Employee Handbook)	0.00	$0.00	$0.00

Date	Description of Legal Services	Hours	Rate	Total
[Date]	Legal Research & Strategy Correspondence	0.00	$0.00	$0.00

Subtotal: $0.00
Expenses/Disbursements: $0.00
Balance Due: $0.00

PAYMENT TERMS

Please make all checks payable to **[Firm Name]**. Payment is due within [Number] days of invoice date. For wire transfers or credit card payments, please contact our billing department.

Thank you for choosing our firm for your legal representation.