EXPERT WITNESS INVOICE

[Professional Name/Firm]
[Tax ID / License No.]

Invoice #: [000]
Date: [Date]
Case No: [Case Number]

BILL TO:

[Law Firm Name]
[Attn: Attorney Name]
[Street Address]
[City, State, Zip]

CASE INFORMATION:

Matter: [Plaintiff] v. [Defendant]
Jurisdiction: [Court Name]
Subject: [Expertise Area]

Date	Description of Service / Activity	Rate/Hr	Hours	Total
[Date]	Initial File Review & Document Analysis	$0.00	0.0	$0.00
[Date]	Conference with Counsel via [Phone/Zoom]	$0.00	0.0	$0.00
[Date]	Expert Report Preparation / Drafting	$0.00	0.0	$0.00
[Date]	Deposition Testimony / Trial Attendance	$0.00	0.0	$0.00
[Date]	Expenses (Travel, Transcripts, etc.)	-	-	$0.00

Subtotal: $0.00
Retainer Applied: ($0.00)

Total Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Professional Name]**.

Wiring/ACH: [Bank Name] | Routing: [Number] | Account: [Number]

Terms: Net [30] days. Late payments may be subject to interest as per the Engagement Agreement.