[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Matter-Reference]

CLIENT:

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

Date	Description of Advisory Services	Hours	Rate	Total
[Date]	[Service Description / Legal Consultation]	0.0	$0.00	$0.00
[Date]	[Document Review & Advisory Memo]	0.0	$0.00	$0.00
[Date]	[Administrative/Disbursement Costs]	-	-	$0.00

Subtotal: $0.00

Tax ([0]%): $0.00

Total Amount Due: $0.00

Payment Terms: Net [30] days. Please make checks payable to "[Law Firm Name]".

Wire Transfer Instructions: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

Thank you for your business.