INVOICE

Legal Consulting Services

Invoice #: _____
Date: _____
Due Date: _____

PROVIDER
[Law Firm / Consultant Name]
[Street Address]
[City, State, Zip]
[Tax ID / Bar Number]

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

Description of Service / Case Ref	Hours/Qty	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____
Tax / Disbursements: _____
Total Amount Due: _____

PAYMENT INSTRUCTIONS
Please make all checks payable to: [Payee Name]
Wire Transfer / ACH: [Account Details]

This invoice is subject to the terms and conditions of the Legal Consulting Service Agreement.