LEGAL CONSULTING INVOICE

[Consultant/Firm Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [000]
Date: [Date]
Project ID: [Project Name/Code]

BILL TO:

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

TERMS:

Due Date: [Date]
Payment Method: [Transfer/Check]

Description of Legal Services	Hours	Rate	Amount
[Project Phase/Consultation Description]	0.00	$0.00	$0.00
[Document Review/Drafting]	0.00	$0.00	$0.00
[Administrative/Filing Fees]	-	-	$0.00

Subtotal: $0.00
Tax/VAT: $0.00
Total Balance Due: $0.00

Notes: Please include the invoice number with your payment. Thank you for your business.