

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Ref-Number]

CLIENT / ENTITY

[Client Company Name]
[Contact Person]
[Billing Address]
[Tax ID/VAT]

MATTER DESCRIPTION

Strategic Legal Consulting: [Project Name/Quarter]
Counsel: [Lead Partner Name]

Date	Professional / Service Description	Hours/Qty	Rate	Total
[DD/MM]	Corporate Governance Review & Strategy Planning	[0.0]	[\$0.00]	[\$0.00]
[DD/MM]	Regulatory Compliance Risk Assessment	[0.0]	[\$0.00]	[\$0.00]
[DD/MM]	Mergers & Acquisitions Due Diligence Support	[0.0]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Disbursements/Expenses: \$[0.00]
Tax ([0] %): \$[0.00]
Balance Due: \$[0.00]

PAYMENT INSTRUCTIONS

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number] | SWIFT: [Code]
Payment Terms: Net [30] Days. Please include Invoice # in payment reference.