

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

INVOICE

Date: [Date]
Invoice #: [0000]
Matter #: [Case Ref]

BILL TO:

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

PAYMENT TERMS:

Due Date: [Date]
Payment Method: [Check/Wire/ACH]

Date	Description of Services	Hours	Rate	Total
[Date]	Employment Agreement Review & Consultation	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	Compliance Audit: HR Policy & Handbook	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	Advisory Services: Termination/Severance	[0.0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Expenses/Disbursements: \$[0.00]
Total Amount Due: \$[0.00]

Notes:

Please make all checks payable to [Law Firm Name]. Professional services rendered in accordance with the signed Engagement Letter.