

INVOICE

[Expert Name/Firm]

[Street Address]

[City, State, Zip]

[Phone / Email]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Case ID: [Case Name / Number]

BILL TO:

[Attn: Attorney Name]

[Law Firm Name]

[Street Address]

[City, State, Zip]

ENGAGEMENT:

[Subject Matter]

[Retainer Balance: \$0.00]

| Date | Description of Services / Expenses | Hours/Qty | Rate | Amount |
|--------|------------------------------------|-----------|--------|--------|
| [Date] | Initial File Review & Research | 0.0 | \$0.00 | \$0.00 |
| [Date] | Report Preparation | 0.0 | \$0.00 | \$0.00 |
| [Date] | Deposition Testimony | 0.0 | \$0.00 | \$0.00 |
| [Date] | Travel / Reimbursable Expenses | - | - | \$0.00 |

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Terms: Due within [30] days. Please make checks payable to [Name].

Thank you for the opportunity to provide expert services.