

INVOICE

[Consultancy Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Law Firm Name]
[Contact Name]
[Street Address]
[City, State, Zip]

CASE REFERENCE:

[Matter ID / Case Name]

Description of Services	Hours / Qty	Rate	Amount
[Consulting Service Description]	0.0	\$0.00	\$0.00
[Consulting Service Description]	0.0	\$0.00	\$0.00
[Reimbursable Expenses]	1	\$0.00	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			

Total Amount Due: \$0.00

Payment Instructions:

Please make checks payable to [Consultancy Name].

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.