

[FIRM NAME]

[Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE NUMBER

INV-0000

DATE

[Date]

BILL TO

[Client Name/Law Firm]
[Attn: Attorney Name]
[Address Line 1]
[City, State, Zip]

MATTER REFERENCE

[Case Name / No.]
Client Reference: [Ref ID]

DATE	SERVICE DESCRIPTION	HOURS	RATE	AMOUNT
MM/DD/YY	Expert testimony prep and document review regarding [Topic]	0.0	\$000	\$0.00
MM/DD/YY	Consultation with counsel regarding [Phase/Issue]	0.0	\$000	\$0.00
MM/DD/YY	Travel/Expenses: [Specific Expense Item]	-	-	\$0.00

Subtotal: \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Firm Name]**. For Wire/ACH instructions, please contact [Email Address]. Payment is due within [Number] days.