

Legal Invoice

Risk Management & Compliance Division

Invoice #: _____

Date: _____

FROM:

[Law Firm / Consultant Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / Business Number]

BILL TO:

[Client Name]
[Department/Contact]
[Address Line 1]
[Matter Reference Number]

Date	Description of Legal Risk Services	Hours	Rate	Total
	Liability Assessment & Mitigation Strategy			
	Regulatory Compliance Audit			
	Contractual Risk Review			
	Litigation Hold & Discovery Management			

Subtotal: \$ _____
Tax / VAT: \$ _____
Balance Due: \$ _____

PAYMENT TERMS

Please remit payment within [30] days via Wire Transfer or ACH.

Account Name: _____ | Account Number: _____ | Routing: _____