

FORENSIC ACCOUNTING FIRM

[Address Line 1]
[Address Line 2]
License No: [Number]

INVOICE: #[Number]
DATE: [Date]
MATTER REF: [Case ID]

BILL TO:

[Client Name]
[Company Name]
[Address Line 1]
[Address Line 2]

MATTER DESCRIPTION:

Case Name: [Case Name/Parties]
Period Covered: [Start Date] - [End Date]

Date	Professional / Task Description	Hours	Rate	Amount
[Date]	Data acquisition and integrity verification of electronic ledgers.	0.0	\$0.00	\$0.00
[Date]	Reconstruction of financial transactions and anomaly detection.	0.0	\$0.00	\$0.00
[Date]	Drafting interim findings report for legal counsel.	0.0	\$0.00	\$0.00
Reimbursable Expenses / Out-of-Pocket		Quantity	Unit Cost	Total
Third-party data hosting / Database access fees		1	\$0.00	\$0.00

Professional Services Subtotal: \$0.00
Expenses Subtotal: \$0.00

TOTAL AMOUNT DUE: \$0.00

Payment Terms: Net [30] Days. Please make checks payable to [Firm Name].

Note: This is an interim billing for ongoing forensic investigation services.