INVOICE

[Consultant Name / Law Firm]
[Address Line 1]
[Email / Phone]

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

Client:

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

Matter / Reference:

[Case Number or Project Title]

Date	Description of Services / Task	Hours	Rate	Amount
[Date]	[Legal Research / Document Review / Consultation]	0.00	$0.00	$0.00
[Date]	[Drafting Agreements / Client Representation]	0.00	$0.00	$0.00
			Subtotal:	$0.00
			Expenses / Disbursements:	$0.00
			Total Balance Due:	**$0.00**

Payment Instructions:
Please make checks payable to [Consultant Name] or
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business. Please contact us if you have any questions regarding this invoice.