INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID/License Number]

Invoice #: [00000]
Date: [Date]
Project Name: [Project Reference]
Matter No: [Case/Matter Number]

BILL TO

[Client Name]
[Attn: Legal/Project Department]
[Client Address]
[City, State, Zip]

PAYMENT TERMS

Due within [30] days
Payable via [Check/Wire/ACH]

Date	Service Description (Mediation, Expert Testimony, Claims Analysis)	Hours	Rate	Amount
[MM/DD]	[Document review and forensic schedule analysis]	[0.0]	$[0.00]	$[0.00]
[MM/DD]	[Attendance at settlement conference / Mediation]	[0.0]	$[0.00]	$[0.00]
[MM/DD]	[Reimbursable Expenses: Site visit travel / Filing fees]	-	-	$[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]
Total Balance Due: $[0.00]

NOTES & TERMS

Interest of [0]% per month applied to late payments. Please include Invoice Number with payment. For wire instructions, please contact [Email Address].