

INVOICE

[Your Name/Firm Name]
[Address Line 1]
[Email / Phone]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO:

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

SERVICE PERIOD:

[Month, Year]

Description	Quantity/Hours	Rate	Amount
Monthly Legal Retainer Fee - [Tier/Level]	1	\$0.00	\$0.00
Additional Hours (Exceeding Retainer Cap)	[0]	\$0.00	\$0.00
Reimbursable Expenses (Filing Fees/Travel)	-	-	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Name] or wire to [Bank Details].
Thank you for your continued partnership.