INVOICE

[Firm Name]
[International Office Address]
[Registration Number / Tax ID]

Invoice No: #_____
Date: _____
Due Date: _____

BILL TO:

[Client Name / Corporation]
[Client Address]
[Client Tax Identification]

MATTER REFERENCE:

[Case Name/File Number]
[Lead Consultant/Attorney]

DESCRIPTION OF SERVICES	DATE	HOURS/UNITS	RATE (CURRENCY)	AMOUNT
[Service description/Legal Consultation]	YYYY-MM-DD	0.00	0.00	0.00
[Cross-border Analysis/Regulatory Filing]	YYYY-MM-DD	0.00	0.00	0.00
[Disbursements / Administrative Expenses]	-	-	-	0.00

Subtotal: 0.00
Tax / VAT (___%): 0.00

Total ([Currency]): 0.00

WIRE TRANSFER / PAYMENT INSTRUCTIONS:

Bank Name: [Bank Name]
SWIFT/BIC: [Code]
IBAN/Account No: [Number]
Beneficiary: [Name]
Currency: [USD/EUR/GBP]

Note: International legal services are governed by the retainer agreement dated [Date]. Late payments may incur interest at the statutory rate. Please include the invoice number as a reference for all wire transfers.