FORENSIC ACCOUNTING ADVISORY

123 Audit Plaza, Financial District
City, State, Zip Code
Email: contact@firm-example.com

PROFORMA INVOICE

Date: [Date]
Proforma #: [Number]
Matter Ref: [Case Reference]

CLIENT / COUNSEL

[Client Name/Law Firm]
[Street Address]
[City, State, Zip]
Attn: [Contact Name]

ENGAGEMENT DETAILS

Service Period: [Start Date] - [End Date]
Currency: [USD/EUR/GBP]

DESCRIPTION OF PROFESSIONAL SERVICES	HOURS / QTY	RATE	AMOUNT
Data Reconstruction & Electronic Discovery Analysis	[0.00]	[0.00]	[0.00]
Expert Witness Testimony & Deposition Preparation	[0.00]	[0.00]	[0.00]

DESCRIPTION OF PROFESSIONAL SERVICES	HOURS / QTY	RATE	AMOUNT
Fraud Investigation & Quantification of Damages	[0.00]	[0.00]	[0.00]
Out-of-Pocket Disbursements (Travel, Filing Fees, etc.)	[1.00]	[0.00]	[0.00]

Subtotal: [0.00]
Tax/VAT: [0.00]
Total Amount Due: [0.00]

Notes & Terms:

- This is a proforma invoice provided for budgetary or retainer purposes.
- Wire Transfer Instructions: [Bank Name] | SWIFT: [Code] | Account: [Number]
- Payments are due within [Number] days of final invoice issuance.