

**[LAW FIRM NAME]**

[International Office Location]  
[Address Line 1]  
[Address Line 2]  
[Tax ID / VAT Number]

**INVOICE**

Invoice #: [00000]  
Date: [Date]  
Due Date: [Date]

**BILL TO**

**[Client Name]**  
[Client Address]  
[Client Country]  
[Client Tax ID]

**MATTER REFERENCE**

**[Matter Name/Reference Number]**  
Lead Counsel: [Partner Name]  
Jurisdiction: [Country/State]

Date	Description of Professional Services	Rate	Hours	Amount ([Currency])
[Date]	[Detailed Legal Service/Task Description]	0.00	0.00	0.00
[Date]	[Detailed Legal Service/Task Description]	0.00	0.00	0.00
Disbursements & Expenses				Amount ([Currency])
[e.g., Court Filing Fees, Translation, Courier]				0.00

Subtotal: [0.00]

Tax / VAT ([%]): [0.00]  
Total Due: [0.00] [CUR]

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**WIRE TRANSFER INSTRUCTIONS**

Bank Name: [Bank Name]  
SWIFT/BIC: [Code]  
IBAN: [Number]  
Account Name: [Firm Name]

*Please include the Invoice Number as a payment reference. Terms: Net [30] days.*