

**[LAW FIRM NAME]**

Employment & Labor Counsel  
[Street Address]  
[City, State, Zip]  
[Phone Number]

**INVOICE**

**Invoice #:** [0000]  
**Date:** [Date]  
**Matter ID:** [Matter Name/Number]

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**CLIENT INFORMATION**

**[Client Name]**  
[Attention: Name/Department]  
[Address Line 1]  
[Address Line 2]

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**PAYMENT TERMS**

Due Date: [Date]  
Payment Status: Pending  
Late Fee: [Percentage/Amount]

Date	Description of Professional Services	Time	Rate	Total
[MM/DD/YY]	Drafting Employment Agreement and restrictive covenants.	0.0	\$0.00	\$0.00
[MM/DD/YY]	Legal research regarding [State] wage and hour compliance.	0.0	\$0.00	\$0.00
[MM/DD/YY]	Conference with client regarding workplace investigation.	0.0	\$0.00	\$0.00

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Fees Total: \$0.00  
Disbursements/Costs: \$0.00  
Amount Due: \$0.00

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**Wire Transfer Instructions:** [Bank Name] | **Account:** [Number] | **Routing:** [Number]

Please make all checks payable to "[Law Firm Name]". This statement is for professional services rendered and costs advanced on the matter indicated above.