

INVOICE

[Firm or Attorney Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT / BILL TO:

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

MATTER REFERENCE:

[Matter Name/ID]
[Brief Description of Legal Service]

Date	Description of Legal Services	Hours	Rate	Total
[Date]	[Contract Review / Legal Consultation / Research]	0.00	\$0.00	\$0.00
[Date]	[Drafting Legal Opinion / Corporate Governance]	0.00	\$0.00	\$0.00
[Date]	[Regulatory Compliance Oversight]	0.00	\$0.00	\$0.00

Subtotal: \$0.00
Expenses/Disbursements: \$0.00
Amount Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Firm Name]** or pay via Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number].

Thank you for your business. Legal advice provided is subject to the terms of the signed Engagement Letter.