

LEGAL DEPARTMENT

[Internal Organization Name]
[Street Address]
[City, State, Zip Code]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Billing Period: [Date] - [Date]

BILL TO (BUSINESS UNIT):

[Department Name]
[Contact Person/Manager]
[Internal Mail Code/Cost Center]

MATTER REFERENCE:

Matter ID: [Reference Number]
Description: [Project or Litigation Name]
Lead Counsel: [Attorney Name]

Date	Professional / Service	Description of Services	Hours/Qty	Rate/Unit	Total
[Date]	[Name/Title]	[Detailed Task Description]	0.00	\$0.00	\$0.00
[Date]	[Name/Title]	[Detailed Task Description]	0.00	\$0.00	\$0.00
[Date]	Expense	[Filing Fees / Research / Travel]	1	\$0.00	\$0.00

Subtotal: \$0.00
Disbursements/Costs: \$0.00
Total Internal Charge: \$0.00

Notes: This is an internal cross-charge invoice for legal services rendered. Please process via inter-departmental transfer to Cost Center [Number].

For inquiries regarding this statement, contact [Contact Name] at [Extension/Email].