

LEGAL COUNSEL

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

INVOICE

Invoice #: [0000]
Date: [Month DD, YYYY]

BILL TO:

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

RETAINER PERIOD:

[Start Date] to [End Date]

Description of Services	Hours / Qty	Rate	Amount
Monthly General Counsel Retainer Fee	1	[\$0.00]	[\$0.00]
Additional Hourly Services (Outside Retainer Scope)	[0.0]	[\$0.00]	[\$0.00]
Reimbursable Expenses (Filing Fees/Travel)	--	--	[\$0.00]

Subtotal: [\$0.00]
Tax: [\$0.00]
Total Due: [\$0.00]

Payment Instructions:

Please make checks payable to "[Law Firm Name]" or pay via wire transfer to: [Bank Details]. Payment is due within [30] days of invoice date.