

# LEGAL COUNSEL

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

## INVOICE

**Invoice #:** [00000]  
**Date:** [Date]  
**Matter Ref:** [Case/Matter ID]

**CLIENT / BILL TO:**

**[Client Company Name]**  
[Department/Attention]  
[Street Address]  
[City, State, Zip]

**PAYMENT TERMS:**

Due Date: [Date]  
Method: [Wire Transfer / Check / ACH]

Date	Description of Professional Services	Attorney	Hours	Rate	Amount
[Date]	[Detailed description of legal task, research, or drafting]	[Initials]	0.00	\$0.00	\$0.00
[Date]	[Detailed description of legal task, research, or drafting]	[Initials]	0.00	\$0.00	\$0.00

<b>Reimbursable Expenses / Disbursements</b>	<b>Amount</b>
[Filing Fees / Travel / Courier / Printing]	\$0.00
<hr/> <b>Services Subtotal: \$0.00</b> <b>Expenses Subtotal: \$0.00</b> <b>TOTAL DUE: \$0.00</b>	

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**Notes:** Please include the invoice number with your payment. Direct all inquiries regarding this statement to [Name/Email].

Professional Services Rendered