

# LEGAL COUNSEL

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

**INVOICE**  
# [Invoice Number]  
Date: [Date]  
Due Date: [Date]

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**BILL TO:**

[Client Name / Company]  
[Client Address]  
[Attention: Name/Department]

**PROJECT:** [Project Name / Matter Title]  
**MATTER ID:** [Reference Number]

DATE	DESCRIPTION OF LEGAL SERVICES	AMOUNT
[Date]	[Project Milestone / Phase Name] [Detailed description of legal tasks performed]	\$0.00
[Date]	[Project Milestone / Phase Name] [Detailed description of legal tasks performed]	\$0.00
[Date]	Reimbursable Expenses [Filing fees, travel, courier, etc.]	\$0.00

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Subtotal: \$0.00  
Tax: \$0.00

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**TOTAL DUE: \$0.00**

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**Payment Instructions:**

Please make checks payable to [Firm Name] or transfer via wire/ACH to:  
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your business.*