

PROFESSIONAL INVOICE

Senior Legal Counsel Consultation

Invoice #: _____

Date: _____

COUNSEL INFORMATION

[Name/Law Firm Name]
[Professional Address]
[City, State, Zip]
[Bar Association ID / Tax ID]

CLIENT INFORMATION

[Client Name/Company]
[Billing Address]
[City, State, Zip]
[Reference/Matter No.]

Description of Services	Rate/Hr	Hours	Amount
Initial Legal Consultation & Matter Review	\$ 0.00	0.0	\$ 0.00
Strategic Case Analysis & Research	\$ 0.00	0.0	\$ 0.00
Drafting of Preliminary Legal Opinion	\$ 0.00	0.0	\$ 0.00
Subtotal: \$ 0.00			
Tax: \$ 0.00			
Total Due: \$ 0.00			

Payment Instructions: Please remit payment within 30 days. Checks payable to the firm or wire transfer to [Bank Details].

Confidentiality Notice: This document may contain privileged legal information.