

[LAW FIRM OR CONSULTANT NAME]

[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO

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

PROPERTY / MATTER REF

[Property Address or File #]
Transaction Type: [Purchase/Sale/Lease]
Counterparty: [Name]

Description of Services	Hours/Qty	Rate	Total
Initial Contract Review and Redlining	0.0	\$0.00	\$0.00
Title Commitment / Survey Review	0.0	\$0.00	\$0.00
Attorney-Client Consultations	0.0	\$0.00	\$0.00
Drafting Addenda / Closing Documents	0.0	\$0.00	\$0.00

Subtotal: \$0.00
Administrative Fees: \$0.00

Total Due: \$0.00

Payment Instructions: Please make checks payable to [Firm Name] or pay via [Electronic Method]. Thank you for your business.

Note: This invoice is for professional services rendered in connection with the specified real estate transaction.