

LEGAL COUNSEL & ASSOCIATES

123 Property Lane, Suite 500
Real Estate Plaza, NY 10001

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

CLIENT / DEVELOPER

[Developer Name]
[Company Address]
[City, State, Zip]

PROJECT REFERENCE

Project: [Project Name/Phase]
Matter No: [Case/File Number]
Property ID: [Parcel/APN]

Date	Description of Professional Services	Hours	Rate	Total
[Date]	Review of Purchase and Sale Agreement (PSA); Zoning compliance analysis.	[0.0]	[\$0.00]	[\$0.00]
[Date]	Title search review and preparation of Title Objection Letter.	[0.0]	[\$0.00]	[\$0.00]
[Date]	Drafting of Master Declaration and Easement Agreements.	[0.0]	[\$0.00]	[\$0.00]

REIMBURSABLE EXPENSES / DISBURSEMENTS

Description	Amount
Recording Fees (County Clerk)	\${0.00}
Environmental Survey Pass-through Cost	\${0.00}
Services Subtotal: \${0.00} Expenses Subtotal: \${0.00} TOTAL DUE: \${0.00}	

Payment Terms: Due within 30 days. Please make checks payable to "Legal Counsel & Associates".

Wire Instructions: Bank: [Name] | Account: [Number] | Routing: [Number]