

INVOICE

[Consultant Name/Firm]
[Address Line 1]
[City, State, Zip]
[Tax ID/VAT]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Case Ref: [Case Name/No.]

BILL TO

[Client Name]
[Law Firm/Company]
[Address Line 1]
[City, State, Zip]

PAYMENT TERMS

Due Date: [MM/DD/YYYY]
Method: [Wire/Check/ACH]

Description of Legal Services	Hours/Qty	Rate	Amount
[e.g., Expert Witness Testimony]	[0.00]	[\$[0.00]]	[\$[0.00]]
[e.g., Case File Review & Analysis]	[0.00]	[\$[0.00]]	[\$[0.00]]
[e.g., Reimbursable Expenses: Travel]	[1]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]
Total Due: \$[0.00]

Notes: Please include invoice number with your payment. Professional services rendered in accordance with the signed consulting agreement.