

INVOICE

[Consultant Name / Law Practice]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO: [Client Name]
[Company Name]
[Address Line 1]
[City, State, Zip]
MATTER REFERENCE: [Matter Name/No.]
[Case Reference Number]

DATE	DESCRIPTION OF LEGAL SERVICES	HOURS	RATE	AMOUNT
[Date]	[Consultation / Document Review / Research]	0.00	\$0.00	\$0.00
[Date]	[Drafting / Meeting / Representation]	0.00	\$0.00	\$0.00

DATE	REIMBURSABLE EXPENSES (FILING FEES, TRAVEL, ETC.)	AMOUNT
[Date]	[Expense Description]	\$0.00

Subtotal: \$0.00
Tax: \$0.00
TOTAL DUE: \$0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Consultant Name]**.

For Wire/ACH Transfer: [Bank Name] | Acc: [Number] | Routing: [Number]

Payment is expected within [Number] days of invoice date.