

INVOICE

[Consultant Name / Law Firm]
[Street Address]
[City, State, Zip Code]
[Country]
[VAT / Tax ID Number]

INVOICE NUMBER [INV-000]

DATE OF ISSUE [Month DD, YYYY]

DUE DATE [Month DD, YYYY]

CLIENT / BILL TO [Client Name / Company]

[Client Address]
[City, Country]
[Tax ID / Reference No.]

PROJECT / MATTER REFERENCE [Matter Name or Case Number]
[Currency: USD / EUR / GBP]

DATE	DESCRIPTION OF LEGAL SERVICES	HOURS	RATE	AMOUNT
[DD/MM/YY]	[Service Description - e.g., Cross-border contract review]	0.00	0.00	0.00
[DD/MM/YY]	[Service Description - e.g., Regulatory compliance advisory]	0.00	0.00	0.00
[DD/MM/YY]	[Disbursements / Expenses - e.g., Filing fees]	-	-	0.00

Subtotal 0.00
Tax / VAT ([0]%) 0.00
Total Balance Due [Currency] 0.00

WIRE TRANSFER / PAYMENT INSTRUCTIONS

Bank Name: [Bank Name]

SWIFT/BIC: [Code]

IBAN: [Number]

Account Holder: [Name]

Notes: Please include invoice number as payment reference.