

[CONSULTANT NAME]

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

INVOICE

[Invoice Number]
Date: [Date]
Due Date: [Due Date]

BILL TO:

[Law Firm Name]
[Attn: Partner/Contact]
[Firm Address]
[City, State, Zip]

PROJECT / MATTER:

[Matter Name or Reference ID]
[Brief Project Description]

DESCRIPTION OF SERVICES	HOURS	RATE	AMOUNT
[Service Item 1: e.g., Case Strategy Review]	0.0	\$0.00	\$0.00
[Service Item 2: e.g., Expert Witness Coordination]	0.0	\$0.00	\$0.00
[Service Item 3: e.g., Document Audit]	0.0	\$0.00	\$0.00

Subtotal: \$0.00
Expenses: \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Consultant Name]** or remit via wire transfer to:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.