

INVOICE

[Consultant Name/Firm]

[Address Line 1]

[City, State, Zip]

[Email / Phone]

Invoice #: [00000]

Date: [Date]

Due Date: [Date]

Bill To:

[Client Company Name]

[Client Contact Person]

[Address Line 1]

[City, State, Zip]

Matter / Project:

[Compliance Audit / Regulatory Review]

Service Description	Hours/Qty	Rate	Total
[Description of Legal Compliance Service]	0.00	\$0.00	\$0.00
[Description of Legal Compliance Service]	0.00	\$0.00	\$0.00
[Administrative/Expense Reimbursement]	-	-	\$0.00
Subtotal: \$0.00			
Tax ([0] %): \$0.00			

Total Amount: \$0.00

Payment Instructions:

Please make checks payable to: [Consultant Name]

Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.