

INVOICE

[Law Firm or Consultant Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [0000]
Date: [Date]
Period: [Month/Year]

BILL TO:

[Client Name]
[Client Company]
[Client Address]

PAYMENT TERMS:

Retainer Monthly Recurrent
Due on Receipt

Description	Hours/Units	Rate	Amount
Fixed Monthly Legal Retainer Fee	1	\$0.00	\$0.00
Additional Hours (Outside Retainer Scope)	[0.0]	\$0.00	\$0.00
Reimbursable Expenses (Filing Fees/Travel)	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to [Consultant Name] or pay via Wire Transfer to Account: [Number] / Routing: [Number].

Thank you for your continued business.