

**[CONSULTANT NAME/FIRM]**

[Practice Area: e.g., Intellectual Property / Compliance]  
[Address Line 1]  
[City, State, Zip]  
[Email / Phone]

**INVOICE**

Invoice #: [0000]  
Date: [Month DD, YYYY]  
Due Date: [Month DD, YYYY]

**BILL TO**

**[Client Company Name]**  
Attn: [Contact Person / Legal Dept]  
[Client Address]  
[City, State, Zip]

**Matter Reference**

Matter ID: [REF-000]  
Case: [Case Name/Project Title]

Date	Description of Legal Services	Hours	Rate	Amount
[DD/MM/YY]	[Detailed description of task, research, or filing]	0.0	\$0.00	\$0.00
[DD/MM/YY]	[Drafting, review, or consultation time]	0.0	\$0.00	\$0.00

Date	Description of Legal Services	Hours	Rate	Amount
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**Subtotal (Services)** \$0.00

Reimbursable Expenses / Disbursements	Amount
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[e.g., Filing fees, travel, courier] \$0.00

Services Total: \$0.00  
Expenses Total: \$0.00  
Total Balance Due: \$0.00

**Payment Instructions:**

Please make checks payable to **[Consultant Name]** or remit via Wire/ACH to:  
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your business. Please contact us regarding any discrepancies within 7 days.*