

INVOICE

Technical Legal Consultancy Services

[Your Name/Company]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

BILL TO:

[Client Name]
[Law Firm/Corporation]
[Address]
[Email/Phone]

Invoice #: [000001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
Case Ref: [Case Name/No.]

SERVICE DATE	DESCRIPTION OF TECHNICAL SERVICES	RATE/HR	HOURS	TOTAL
[Date]	Technical Evidence Analysis & Review	\$0.00	0.0	\$0.00
[Date]	Expert Declaration/Affidavit Drafting	\$0.00	0.0	\$0.00
[Date]	Discovery Consultation & Strategy	\$0.00	0.0	\$0.00

Subtotal: \$0.00
Expenses/Costs: \$0.00

Total Amount Due: \$0.00

Payment Instructions:

Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]

Please include Invoice Number with payment.

[Confidentiality Notice: This invoice may contain privileged information related to ongoing litigation.]