

# INVOICE

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

**Invoice #:** [0000]  
**Date:** [MM/DD/YYYY]  
**Matter ID:** [CB-XXXX]

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**Client / Union Representative:**

[Organization Name]  
[Contact Person]  
[Address Line 1]  
[City, State, Zip]

**Bargaining Unit:**  
[Local Union / Department Name]

Date	Description of Legal Services	Hours	Rate	Amount
[Date]	Preparation for Collective Bargaining Agreement (CBA) negotiations	0.0	\$0.00	\$0.00
[Date]	Attendance at bargaining session / Mediation	0.0	\$0.00	\$0.00
[Date]	Drafting language and counter-proposals	0.0	\$0.00	\$0.00

Date	Description of Legal Services	Hours	Rate	Amount
[Date]	Disbursements / Filing Fees / Travel	-	-	\$0.00
Subtotal: \$0.00				
Tax: \$0.00				
<b>Total Due: \$0.00</b>				

**Payment Terms:** Net 30 days. Please make checks payable to "[Law Firm Name]".

*Services rendered in relation to Collective Bargaining and Labor Relations.*