

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [0000]

CLIENT / BILLING TO [Client Full Name]
[Client Address]
[Email Address]

MATTER DETAILS Ref: Constructive Dismissal Claim
Matter ID: [Case Number]
Attorney: [Lead Attorney Name]

Service Description	Hours/Qty	Rate	Total
Initial Consultation & Claim Assessment	0.00	\$0.00	\$0.00
Evidence Review (Resignation Correspondence & Employment Contract)	0.00	\$0.00	\$0.00
Drafting Formal Letter of Grievance / Demand Letter	0.00	\$0.00	\$0.00
Negotiations with Opposing Counsel / Former Employer	0.00	\$0.00	\$0.00

Service Description	Hours/Qty	Rate	Total
Administrative Fees / Filing Disbursements	1.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

Payment Instructions: Please make checks payable to "[Law Firm Name]" or pay via bank transfer to [Account Details].
Payment is due within [30] days of invoice date.

Thank you for choosing our firm for your employment law representation.