

[LAW FIRM NAME]

Employment Law & Advocacy

INVOICE

[Invoice Number]

Date: [Date]

LEGAL REPRESENTATIVE

[Attorney Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO (CLIENT)

[Client Full Name]

[Street Address]

[City, State, Zip]

Matter: [e.g., Wrongful Termination / Case ID]

Description of Services / Representation	Hours	Rate	Amount
Initial Case Assessment & Filing	[0.0]	[\$0.00]	[\$0.00]
Correspondence with Employer/HR	[0.0]	[\$0.00]	[\$0.00]
Mediation & Dispute Resolution	[0.0]	[\$0.00]	[\$0.00]
Administrative/Filing Fees	-	-	[\$0.00]

Subtotal: \$[0.00]

Retainer Applied: - \$[0.00]

Total Due: \$[0.00]

PAYMENT TERMS

Please make checks payable to "[Law Firm Name]". Payment is due within [30] days. For wire transfer or credit card payments, please contact our billing department.

Thank you for allowing us to represent your interests.