

# INVOICE

Law Firm / Attorney Name  
Street Address  
City, State, Zip

**Invoice #:** [0000]  
**Date:** [Month DD, YYYY]  
**Matter:** Contract Review - [Client Name]

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## CLIENT:

[Client Name]  
[Client Address]  
[Email/Phone]

## PAYMENT TERMS:

Due Date: [Date]  
Method: [ACH / Wire / Check]

DESCRIPTION OF LEGAL SERVICES	HOURS / QTY	RATE	AMOUNT
Initial Review of Employment Agreement & Addenda	[0.0]	[\$[0.00]]	[\$[0.00]]
Legal Research (Non-Compete/Restrictive Covenants)	[0.0]	[\$[0.00]]	[\$[0.00]]
Consultation Call & Strategy Session	[0.0]	[\$[0.00]]	[\$[0.00]]
Drafting Redline Revisions & Counter-Proposal	[0.0]	[\$[0.00]]	[\$[0.00]]
Administrative / Filing Fees	-	-	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

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**Total Due: \$[0.00]**

**Notes:** Please include invoice number with your payment. Thank you for choosing our firm.