

[LAW FIRM NAME]

[Address Line 1]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Matter ID: [Case Reference]

BILL TO:

[Client Name]
[Company Name]
[Client Address]
[City, State, Zip]

Date	Description of Legal Services	Hours	Rate	Total
[Date]	Initial Consultation - Employment Agreement Review	0.00	\$0.00	\$0.00
[Date]	Legal Research: [Statute/Case Law]	0.00	\$0.00	\$0.00
[Date]	Correspondence with Opposing Counsel	0.00	\$0.00	\$0.00

Subtotal: \$0.00
Disbursements/Costs: \$0.00

TOTAL DUE: \$0.00

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

This invoice is for professional legal services rendered in connection with employment law matters.