

LABOR RELATIONS CONSULTING

[Consultant Name/Firm]

[Street Address]

[City, State, Zip]

[Phone Number]

INVOICE

Invoice #: [0000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Client Information:

[Client Company Name]

[Contact Person]

[Client Address]

[City, State, Zip]

Project Reference:

[Collective Bargaining/Arbitration/Audit]

Project ID: [Reference ID]

Service Description	Hours/Units	Rate	Total
Labor Strategy Development & Consultation	0.00	\$0.00	\$0.00
Grievance Handling & Dispute Resolution	0.00	\$0.00	\$0.00
Collective Bargaining Preparation	0.00	\$0.00	\$0.00
Reimbursable Expenses (Travel/Lodging)	1.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax Rate: 0.00%

Tax Amount: \$0.00

Total Amount Due: \$0.00

Payment Terms:

Please make checks payable to: [Consultant Name/Firm]

Wire Transfer: [Routing/Account Details]

Thank you for your business.