

OHS LEGAL SERVICES

Law Firm Name
Legal Practice Address
License No: [000000]

INVOICE
[Invoice-No]
Date: [DD/MM/YYYY]

CLIENT INFORMATION

[Client Name / Company]
[Client Address]
[Tax ID / Business Reg]

MATTER REFERENCE

Ref: [Case/Audit/Project ID]
Subject: Occupational Health & Safety Compliance
Due Date: [DD/MM/YYYY]

Description of Legal Services / OHS Audit	Hours/Qty	Rate	Amount
OHS Regulatory Compliance Audit & Risk Assessment	-	-	0.00
Drafting Safety Policy & Liability Waivers	-	-	0.00
Legal Representation: Regulatory Inquiry [Case Ref]	-	-	0.00

Description of Legal Services / OHS Audit	Hours/Qty	Rate	Amount
Disbursements (Filing Fees/Travel)	-	-	0.00
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Subtotal	0.00		
Tax (GST/VAT)	0.00		
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Total Due	\$ 0.00		

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Swift/BIC: [Code]
Please include the Invoice Number as a reference. Terms: Net [30] days.