

# INVOICE

[Law Firm or Consultant Name]  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

**Invoice #:** [00000]  
**Date:** [Date]  
**Due Date:** [Date]

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**BILL TO:** [Client Name]  
[Client Address]  
[City, State, Zip]  
**MATTER:** Severance Negotiation vs. [Employer Name]  
Project Ref: [Ref Number]

Description of Services	Rate/Base	Qty/Hours	Amount
Review of Separation Agreement & Preliminary Consult	\$0.00	0.0	\$0.00
Negotiation of Improved Terms (Hourly/Flat)	\$0.00	0.0	\$0.00
Contingency Fee on Enhanced Value (if applicable)	0%	\$0.00	\$0.00

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Subtotal: \$0.00  
Tax: \$0.00  
Total Due: \$0.00

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**Payment Instructions:**

Please make checks payable to [Firm Name] or pay via [Electronic Method].  
Include Invoice # on all payment correspondence.