

PRIVILEGED & CONFIDENTIAL

LEGAL INVOICE

Firm Name:
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

Name:
Address:
Email:

MATTER DETAILS

Matter Name: Sexual Harassment Litigation
Case Number: _____
Lead Attorney: _____

PROFESSIONAL SERVICES RENDERED

| Date | Description of Task (Interview, Filing, Research, etc.) | Hours | Rate | Total |
|------|---|-------|------|-------|
| | Initial Case Assessment & Client Consultation | | \$ | \$ |
| | Evidence Review (Communications/Documentation) | | \$ | \$ |
| | Drafting Complaint/EEOC Charge Filing | | \$ | \$ |
| | Legal Research & Case Precedent Strategy | | \$ | \$ |

DISBURSEMENTS & EXPENSES

| Date | Expense Category (Court Fees, Transcripts, etc.) | Amount |
|------|--|------------------------------------|
| | Court Filing Fees | \$ |
| | Process Server Fees | \$ |
| | | Subtotal: \$ _____ |
| | | Tax: \$ _____ |
| | | Total Balance Due: \$ _____ |

Payment Terms: Net 30 days. Please make checks payable to the firm name listed above.

Note: This document may contain information protected by Attorney-Client Privilege.