

LEGAL SERVICE INVOICE

INVOICE #

DATE

FROM: LEGAL REPRESENTATIVE / FIRM

TO: LABOR UNION / ORGANIZATION

MEMBER NAME / ID

CASE / GRIEVANCE REFERENCE

Description of Service	Date	Hours/Qty	Rate	Amount
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Description of Service

Date

Hours/Qty

Rate

Amount

Subtotal: _____

Tax/Fees: _____

Total Due: _____

PAYMENT INSTRUCTIONS

Note: This invoice is for legal services rendered in accordance with the collective bargaining agreement or union representation plan.