

INVOICE

Law Firm / Attorney Name
Street Address
City, State, Zip

INVOICE #: _____
DATE: _____
MATTER ID: _____

CLIENT INFORMATION

Name:
Address:
Email:

CASE DESCRIPTION

Matter: Workplace Discrimination Legal Advice
Type: [EEOC / Civil / Consultation]

Description of Services	Hours/Qty	Rate	Total
Initial Case Review & Document Analysis		\$	\$
Workplace Discrimination Legal Consultation		\$	\$
Demand Letter Preparation / Filing Fees		\$	\$
Administrative/Processing Fees		\$	\$

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

PAYMENT TERMS

Please make checks payable to **[Attorney Name/Firm]**. Payment is due within 30 days of invoice date.

Notice: This invoice is for legal services rendered in relation to workplace discrimination claims. Confidentiality applies.