

INVESTIGATION INVOICE

Firm Name: [Company Name]
License #: [License Number]
Address: [Street, City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Case Ref: [Case ID / Employee Name]

Bill To:
[Client Organization Name]
[Attention: HR Department / Legal Counsel]
[Client Address]

Investigation Period:
[Start Date] to [End Date]

Date	Activity Description	Units/Hours	Rate	Amount
[Date]	Initial Intake & Complainant Interview	[0.00]	[\$[0.00]]	[\$[0.00]]
[Date]	Witness Interviews (Total: [Number])	[0.00]	[\$[0.00]]	[\$[0.00]]
[Date]	Evidence Review (Email, CCTV, Policy Docs)	[0.00]	[\$[0.00]]	[\$[0.00]]
[Date]	Report Drafting & Findings Summary	[0.00]	[\$[0.00]]	[\$[0.00]]

Date	Activity Description	Units/Hours	Rate	Amount
[Date]	Reimbursable Expenses (Travel/Transcription)	[1]	\$[0.00]	\$[0.00]
Subtotal: \$[0.00]				
Tax: \$[0.00]				

Total Balance Due: \$[0.00]

Payment Terms: Due within [30] days. Please make checks payable to "[Company Name]".

Note: This document contains confidential information regarding a workplace harassment investigation.