

# LEGAL SERVICES INVOICE

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

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Case Reference:** Wrongful Termination

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## BILL TO:

[Client Name]  
[Client Address]  
[City, State, Zip]

## MATTER:

[Former Employer Name] vs. [Client Name]  
Case ID: [Reference Number]

Date	Description of Legal Services	Hours / Qty	Rate	Total
	Initial Consultation & Case Evaluation			
	Review of Employment Contract & Personnel File			
	Drafting Demand Letter to Employer			

Date	Description of Legal Services	Hours / Qty	Rate	Total
	EEOC / State Agency Filing & Correspondence			
	Litigation Research & Complaint Preparation			
	Administrative/Filing Fees	-	-	
			Subtotal: \$	_____
			Tax/Misc: \$	_____
			<b>Balance Due: \$</b>	_____

**Payment Terms:** Due within [X] days. Please make checks payable to "[Law Firm Name]".

*Thank you for choosing our firm to represent your employment rights.*