

[LAW FIRM NAME]

[Address Line 1]
[City, State, Zip]
Tel: [Phone Number]

INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [ENV-000]

CLIENT INFORMATION

[Client Company Name]
[Attn: Name/Department]
[Client Address]
[Client Email]
MATTER SUBJECT

Regulatory Compliance & Environmental Audit

Project: [Project Name/Permit Number]
Jurisdiction: [State/Federal EPA]

Date	Professional / Task Code	Description of Services	Hours	Rate	Total
[Date]	[Name] / L120	Regulatory agency correspondence regarding [Permit Type] compliance.	0.0	\$0.00	\$0.00
[Date]	[Name] / L190	Review of site assessment reports and environmental impact statements.	0.0	\$0.00	\$0.00

Date	Professional / Task Code	Description of Services	Hours	Rate	Total
[Date]	[Name] / L210	Drafting legal opinion on Clean Air Act/Clean Water Act liability.	0.0	\$0.00	\$0.00

DISBURSEMENTS / EXPENSES

Date	Description	Quantity/Units	Amount
[Date]	Filing Fees: Environmental Permit Application	1	\$0.00
[Date]	Expert Witness / Environmental Consultant Reimbursable	-	\$0.00

Professional Fees: \$0.00
 Expenses: \$0.00
 Total Amount Due: \$0.00

Payment Terms: Net [30] days. Please make checks payable to "[Law Firm Name]".

Wire Transfer Details: [Bank Name] | ABA: [000000000] | Account: [0000000000]

This document constitutes a privileged legal communication.