

# [LAW FIRM NAME]

Land Use & Zoning Counsel  
[Street Address]  
[City, State, Zip]  
[Phone Number]

## INVOICE

Date: [Date]  
Invoice #: [0000]

**Client:** [Client Name]  
[Client Address]

**Matter:** [Project Name / Case Number]  
[Property Address / Parcel ID]

Date	Professional / Description of Services	Hours	Rate	Amount
[MM/DD]	[Attorney Name] - Draft variance application and site plan review	0.0	\$0.00	\$0.00
[MM/DD]	[Attorney Name] - Representation at Planning Board hearing	0.0	\$0.00	\$0.00
[MM/DD]	[Staff Name] - Filing fees and environmental impact coordination	0.0	\$0.00	\$0.00

Total Professional Services: \$0.00  
Disbursements/Costs: \$0.00

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**Total Amount Due: \$0.00**

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Please make all checks payable to **[Law Firm Name]**.

Terms: Payment due within [30] days. Late filings or zoning appeals may be subject to additional municipal fees not included in this statement.