

# INVOICE

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

**Invoice #:** [00000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

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BILL TO

[Client Name]  
[Client Company]  
[Client Address]  
[Client Email]

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MATTER / PROJECT

**Ref:** [Contract Name/Case Number]  
**Description:** [Brief Description of Drafting Services]

Description of Services	Rate/Unit	Qty/Hours	Total
Initial Consultation & Requirements Gathering	\$0.00	0.0	\$0.00
Drafting: [Type of Agreement]	\$0.00	0.0	\$0.00
Revision Cycles & Legal Research	\$0.00	0.0	\$0.00
Final Review & Execution Oversight	\$0.00	0.0	\$0.00

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Subtotal: \$0.00

Tax/Adjustments: \$0.00  
Total Balance: \$0.00

PAYMENT INSTRUCTIONS

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Please make checks payable to **[Your Name]** or pay via wire transfer to:  
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

*Terms: Payment is due within [X] days. Thank you for your business.*