

# LAW OFFICE OF [NAME]

Employment & Labor Law Specialists

[Street Address]

[City, State, Zip]

[Phone Number]

## INVOICE

**Invoice #:** [0000]

**Date:** [MM/DD/YYYY]

**Matter ID:** [Case Reference]

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**BILL TO:** [Client Name or Company]

[Contact Person]

[Address]

[Email]

**PAYMENT TERMS:** Due within [30] days of invoice date.

Late fees may apply to overdue balances.

Date	Description of Legal Services	Rate	Hours	Total
[Date]	Initial Consultation & Case Assessment	[\$[0.00]]	[0.0]	[\$[0.00]]
[Date]	Review of Employment Contract / Separation Agreement	[\$[0.00]]	[0.0]	[\$[0.00]]
[Date]	Drafting Correspondence to Opposing Counsel	[\$[0.00]]	[0.0]	[\$[0.00]]
[Date]	Administrative Filing Fee (Disbursement)	-	-	[\$[0.00]]

Subtotal: \$[0.00]  
Tax: \$[0.00]  
Total Due: \$[0.00]

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**Payment Instructions:** Please make checks payable to "[Firm Name]" or wire transfer to [Bank Details].

Thank you for choosing our firm for your employment law needs.