

# GENERAL COUNSEL SERVICES

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

## INVOICE

**Invoice #:** [0000]  
**Date:** [Date]  
**Due Date:** [Date]

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**BILL TO**

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

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**MATTER/REFERENCE**

[Matter Name/Number]  
Period: [Start Date] - [End Date]

Description of Professional Services	Staff	Hours	Rate	Amount
Corporate Governance & Board Meeting Attendance	[Name]	0.00	\$0.00	\$0.00
Contract Review & Commercial Negotiations	[Name]	0.00	\$0.00	\$0.00
Employment Law Consultation	[Name]	0.00	\$0.00	\$0.00

Description of Professional Services	Staff	Hours	Rate	Amount
Administrative/Filing Fees (Disbursements)	-	-	-	\$0.00

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Subtotal: \$0.00

Taxes: \$0.00

Total Amount Due: \$0.00

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#### **PAYMENT INSTRUCTIONS**

Please make checks payable to **[Firm Name]** or remit via ACH/Wire to:  
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your business.*