

[LAW FIRM NAME]

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

INVOICE

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

BILL TO

[Client Company Name]
[Attention To]
[Client Address]

MATTER DESCRIPTION

Project: [Project Name/Target Company]
Matter ID: [M&A-000-00]
Lead Partner: [Partner Name]

Date	Professional	Description of Legal Services	Hours	Rate	Total
[Date]	[Initials]	Due Diligence: Review of material contracts and intellectual property portfolio.	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	[Initials]	Drafting and revision of Share Purchase Agreement (SPA).	[0.0]	[\$[0.00]]	[\$[0.00]]

Date	Professional	Description of Legal Services	Hours	Rate	Total
[Date]	[Initials]	Negotiation with opposing counsel regarding Disclosure Schedules.	[0.0]	[\$[0.00]]	[\$[0.00]]

Disbursements & Expenses	Amount
Data Room Hosting Fees / Filing Fees	[\$[0.00]]

Subtotal (Fees): \$[0.00]
Total Expenses: \$[0.00]
Total Amount Due: \$[0.00]

Payment Instructions: Wire Transfer preferred. [Bank Name] | ABA: [000000000] | Account: [0000000000]

Please include Invoice Number with your remittance. Professional services are rendered subject to our standard engagement terms.