

# INVOICE

Invoice No: ..... Date: ..... Due Date: .....

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## CLIENT INFORMATION

Client Name:

Company/Firm:

Address:

Email/Phone:

## MATTER / CASE DETAILS

Matter Name:

Matter/File No:

Retainer Balance:

Attn:

DATE	DESCRIPTION OF LEGAL SUPPORT SERVICES	HOURLY RATE	HOURS	TOTAL

Subtotal: \_\_\_\_\_

Tax / VAT: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

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## PAYMENT TERMS & INSTRUCTIONS

Bank Name:

Account Name:

Account Number:

Routing / BIC:

