INVOICE

[Law Firm Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [0000]
Date: [Month DD, YYYY]
Due Date: [Month DD, YYYY]

CLIENT INFORMATION [Client Name]
[Client Address]
[City, State, Zip]
[Phone / Email]
MATTER REFERENCE Estate Planning Consultation
File No: [00-0000]

Description of Services	Hours/Qty	Rate	Amount
Initial Estate Planning Consultation & Document Review	[0.0]	$[0.00]	$[0.00]
Drafting: Last Will and Testament / Living Trust	[0.0]	$[0.00]	$[0.00]
Drafting: Durable Power of Attorney / Healthcare Proxy	[0.0]	$[0.00]	$[0.00]
Administrative / Filing Fees	[1]	$[0.00]	$[0.00]

Subtotal: $[0.00]

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

PAYMENT INSTRUCTIONS Please make checks payable to **[Law Firm Name]**. For wire transfers or credit card payments, please contact our billing department at [Phone Number].

Thank you for choosing us for your estate planning needs.