INVOICE

Invoice #: [0000]
Date: [Date]

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

Bill To: [Client Name]
[Client Address]
[City, State, Zip]
Payment Terms: Due Date: [Date]
Method: [Check/Transfer/Card]

Service Description	Hours/Qty	Rate	Total
Initial Consultation & Asset Review	[0.0]	$[0.00]	$[0.00]
Will & Trust Documentation Drafting	[0.0]	$[0.00]	$[0.00]
Power of Attorney / Healthcare Directives	[0.0]	$[0.00]	$[0.00]
Administrative/Filing Fees	[1]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Amount Due: $[0.00]

Thank you for choosing [Consultant Name] for your estate planning needs.

Please make all checks payable to **[Name/Firm]**.