

**[LAW FIRM NAME]**

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

**INVOICE**

**Invoice #:** [00000]  
**Date:** [Date]  
**Matter ID:** [Matter-000]

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**CLIENT**

**[Client Name]**  
[Client Address]  
[City, State, Zip]

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**MATTER DESCRIPTION**

[e.g., Revocable Living Trust & Pour-Over Will]  
[Executor/Trustee Designations]

Service Description	Hours / Qty	Rate	Amount
Initial Consultation & Estate Document Review	[0.00]	[\$[0.00]]	[\$[0.00]]
Drafting of [Document Name]	[0.00]	[\$[0.00]]	[\$[0.00]]
Notary & Administrative Filing Fees	[1]	[\$[0.00]]	[\$[0.00]]

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Subtotal: \$[0.00]  
Trust Account Credit: -(\$[0.00])  
Total Balance Due: \$[0.00]

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**Payment Instructions:** Please make checks payable to "[Law Firm Name]" or pay via secure portal at [URL]. Payment is due within [Number] days of receipt.

*Thank you for allowing us to assist with your estate planning needs.*