

[LAW FIRM NAME]

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

INVOICE

Invoice #: _____

Date: _____

Matter: [Estate Planning/Probate]

BILL TO:

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

Date	Description of Legal Services	Hours	Rate	Total
	Initial Consultation & Estate Review		\$	\$
	Drafting: Revocable Living Trust		\$	\$
	Drafting: Last Will & Testament		\$	\$
	Power of Attorney / Healthcare Directives		\$	\$

Date	Description of Legal Services	Hours	Rate	Total
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Research & Asset Funding Coordination

\$

\$

Expenses / Disbursements	Amount
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Filing Fees / Notary Services

\$

Postage & Courier Fees

\$

Service Subtotal: \$ _____

Expenses: \$ _____

TOTAL DUE: \$ _____

Payment Terms: Due within [30] days. Please make checks payable to [Law Firm Name].

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