

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [00000]
Date: [Date]
Matter ID: [Trust Name/Reference]

Client / Trustee:

[Name]
[Address]
[Email]

Date	Description of Legal Services	Hours	Rate	Amount
[Date]	[e.g., Drafting Irrevocable Trust Agreement]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	[e.g., Asset Transfer Consultation]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	[e.g., Review of Beneficiary Designations]	[0.0]	[\$[0.00]]	[\$[0.00]]

Expenses & Disbursements	Amount
[e.g., County Filing Fees / Notary Services]	[\$[0.00]]

Services Subtotal: \$[0.00]
Expenses Subtotal: \$[0.00]

TOTAL BALANCE DUE: \$[0.00]

Payment Instructions: Please make checks payable to "[Law Firm Name]". For wire transfers, please contact our office. Payment is due within [30] days of invoice date.

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