

# INVOICE

[Law Firm / Provider Name]

[Street Address]

[City, State, Zip]

INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_

**CLIENT / PRINCIPAL:**

[Name]

[Address]

[Phone/Email]

**MATTER REFERENCE:**

Power of Attorney - [Type: Durable/Medical/Financial]

Case ID: \_\_\_\_\_

Description of Service	Rate/Price	Qty/Hours	Total
Initial Legal Consultation	\$		\$
Drafting Power of Attorney Documents	\$		\$
Notary & Witness Services	\$		\$
Filing / Recording Fees	\$		\$

**Subtotal: \$** \_\_\_\_\_

**Tax: \$** \_\_\_\_\_

**Total Amount Due: \$\_\_\_\_\_**

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**PAYMENT INSTRUCTIONS:**

Please make checks payable to [Firm Name]. Payment is due within [Number] days.

*Thank you for choosing our professional legal services.*