

[LAW FIRM NAME]
[STREET ADDRESS]
[CITY, STATE, ZIP]
[PHONE NUMBER]

INVOICE

Date: [Date]
Invoice #: [0000]
Matter ID: [Client-ID]

BILL TO:

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

ESTATE OF:
[Estate Name / Subject]

DESCRIPTION OF LEGAL SERVICES	HOURS / QTY	RATE	AMOUNT
Initial Estate Planning Consultation & Review	[0.0]	[\$0.00]	[\$0.00]
Drafting: Last Will & Testament	[0.0]	[\$0.00]	[\$0.00]
Drafting: Living Trust & Powers of Attorney	[0.0]	[\$0.00]	[\$0.00]
Filing Fees / Administrative Costs	[1.0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Retainer Applied: (\$[0.00])
Balance Due: \$[0.00]

Payment Terms: Payable upon receipt. Please make checks payable to **[Law Firm Name]**.
Thank you for allowing us to assist with your estate planning needs.