

INVOICE

Invoice No: _____

Date: _____

Due Date: _____

ESTATE PLANNING PRACTICE / FIRM

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.....
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CLIENT / TESTATOR INFO

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DESCRIPTION OF ESTATE PLANNING SERVICES	HOURS / QTY	RATE / PRICE	TOTAL AMOUNT
.....
.....
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.....
.....
.....

Subtotal: _____

Filing / Courier Fees: _____

Total Due: _____

PAYMENT TERMS & NOTES

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Attorney / Representative Signature

Client Signature (Acknowledgement)

Thank you for choosing our firm for your estate planning needs.