INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

[Transcriber Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

[Attorney/Law Firm Name]
[Client Address]
[City, State, Zip]
Attn: [Contact Person]

CASE REFERENCE

Case Name: [Case Name / Style]
Matter #: [Internal Reference]
Court/Jurisdiction: [Court Name]

Service Date	Description (Audio File / Proceeding)	Qty (Min/Pages)	Rate	Amount
[Date]	Deposition: [Deponent Name]	[0.00]	$[0.00]	$[0.00]
[Date]	Hearing: [Matter Title]	[0.00]	$[0.00]	$[0.00]
-	Expedited Delivery Surcharge	1	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/Other: $[0.00]

Total Due: $[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Name]**.
Bank Transfer (ACH/Wire): [Bank Details / Routing / Account]
Due Date: [MM/DD/YYYY] (Net [30] Days)

Thank you for your business.