

BILLING INVOICE

Invoice #: _____
Date: ____/____/20____

PROCESS SERVER / AGENCY:

BILL TO:

CASE REFERENCE / CAPTION: **Court:** _____
Plaintiff: _____ **vs. Defendant:** _____
Case Number: _____

Description of Service / Document Name	Service Date	Amount
Affidavit of Service - [Recipients Name]		\$
Mileage / Travel Fee		\$
Notary / Administrative Fees		\$
Other: _____		\$

TOTAL DUE: \$

Payment Terms: Due upon receipt unless otherwise specified.

Please make checks payable to: _____

AUTHORIZED SIGNATURE