

INVOICE

Invoice #: _____

Date: _____

[Process Server Name/Agency]

[Address]
[Phone]
[Email]
[License #]

BILL TO:

[Client Name/Law Firm]
[Contact Name]
[Address]
[Email]

CASE DETAILS:

Court: _____

Case #: _____

Plaintiff: _____

Defendant: _____

| Service Description | Recipient Name | Attempts | Rate | Amount |
|-------------------------|----------------|----------|------|--------|
| Service of Process | | | \$ | \$ |
| Mileage Fee ([] miles) | - | - | \$ | \$ |

| Service Description | Recipient Name | Attempts | Rate | Amount |
|----------------------------|-----------------------|-----------------|-------------|---------------|
| Skip Tracing / Research | - | - | \$ | \$ |
| Filing / Notary Fees | - | - | \$ | \$ |
| Rush / Priority Surcharge | - | - | \$ | \$ |

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notes / Service Details:

Terms: Payment is due within [Number] days. Make all checks payable to [Name].