

INVOICE

Invoice #: _____

Date: _____

FROM:

[Service Provider Name]

[Address Line 1]

[City, State, Zip]

[License #]

BILL TO:

[Law Firm/Client Name]

[Address Line 1]

[City, State, Zip]

[Attn: Name/Reference]

CASE INFORMATION:

Case Title: _____

Case Number: _____ Court: _____

Date	Description of Service / Filing	Recipient / Location	Fee
	Service of Process		\$
	Court Filing Fee (Advanced)		\$
	Electronic Filing (E-File) Fee		\$
	Mileage / Travel		\$
	Rush/Priority Surcharge		\$

Subtotal: \$ _____

Tax: \$ _____
TOTAL DUE: \$ _____

Terms: Payment due within 30 days. Please make checks payable to: [Provider Name]