

# INVOICE

[Process Serving Agency Name]

[License # / Tax ID]

[Business Address]

[Phone / Email]

INVOICE NUMBER

# \_\_\_\_\_

DATE ISSUED

/ /20

PAYMENT DUE

/ /20

## CLIENT / BILLING TO

ATTORNEY/FIRM NAME  
CONTACT PERSON  
ADDRESS

## CASE INFORMATION

CASE NUMBER  
COURT JURISDICITON  
PARTY TO BE SERVED

## SERVICE DETAILS & EXPENSES

Date	Description of Activity / Item	Rate/Unit	Amount
	Service of Process (Flat Fee/Base)	\$	\$
	Mileage (Total Miles: ____)	\$	\$
	Attempt Fee (Attempt #____)	\$	\$
	Rush / Same-Day Surcharge	\$	\$
	Skip Tracing / Location Services	\$	\$

Date	Description of Activity / Item	Rate/Unit	Amount
	Notary & Affidavit Filing Fees	\$	\$
	Printing/Copying Pages (Qty: ____)	\$	\$

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**TOTAL DUE: \$ \_\_\_\_\_**

**SERVICE DISPOSITION NOTES**

Please make checks payable to: [Agency Name]  
 Electronic Payment Details: [Venmo/Zelle/Wire Info]