

# INVOICE

Process Server Agency Name  
123 Business Way  
City, State, Zip  
Email: agency@email.com

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**BILL TO:**

Law Firm / Client Name  
Address Line 1  
City, State, Zip  
Attn: Name/Reference

**CASE INFORMATION:**

**Case #:** \_\_\_\_\_  
**Court:** \_\_\_\_\_  
**Recipient:** \_\_\_\_\_

Description of Service	Date of Service	Rate/Fee	Total
Standard Process Service		\$	\$
Mileage/Travel Fees		\$	\$
Filing / Notary Fees		\$	\$
Rush / Priority Surcharge		\$	\$

Subtotal: \$0.00

Tax: \$0.00

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**Total Due: \$0.00**

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**Payment Terms:** Due upon receipt. Please make checks payable to Agency Name.

**Notes:** Affidavits of Service will be filed/forwarded upon receipt of payment.