

# INVOICE

PROCESS SERVER NAME / AGENCY  
LICENSE / REGISTRATION #

INVOICE #  
DATE

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**BILL TO:**

**CASE INFORMATION:**

Court:

Case Number:

Recipient Name:

Date of Service	Description of Services (Process/Mileage/Attempts)	Rate	Amount

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

Additional Fees: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

NOTES / PAYMENT INSTRUCTIONS: