

# INVOICE

[Process Server Name/Agency]  
[Street Address]  
[City, State, Zip]  
[Phone / Email]

INVOICE #: \_\_\_\_\_  
DATE: \_\_\_\_\_

**BILL TO:**

**[Law Firm Name]**  
[Attn: Attorney/Paralegal Name]  
[Street Address]  
[City, State, Zip]

**CASE INFORMATION**

**Case Style:** \_\_\_\_\_  
**Case Number:** \_\_\_\_\_  
**Recipient:** \_\_\_\_\_  
**Court:** \_\_\_\_\_

| Description of Services              | Date | Attempts | Amount |
|--------------------------------------|------|----------|--------|
| Service of Process ([Document Type]) |      |          | \$     |
| Mileage / Travel Fee                 |      |          | \$     |
| Notary / Affidavit Fee               |      |          | \$     |
| Rush / Priority Surcharge            |      |          | \$     |

Subtotal: \$ \_\_\_\_\_  
Total Balance Due: \$ \_\_\_\_\_

**NOTES / PAYMENT INSTRUCTIONS:**

Please make checks payable to: \_\_\_\_\_