

INVOICE

[Legal Agency Name]
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE # [00000]
DATE [MM/DD/YYYY]
CASE NUMBER [Case ID / Reference]

BILL TO:

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

SERVICE DETAILS:

Subject: [Recipient Name]
Location: [Service Address]
Date Served: [Date/Time]

Description of Services	Rate	Qty/Attempts	Amount
Service of Process (Standard/Rush)	\$0.00	1	\$0.00
Mileage Fees	\$0.00	[Miles]	\$0.00
Notary Fees / Affidavit Fee	\$0.00	1	\$0.00

Description of Services	Rate	Qty/Attempts	Amount
Administrative/Printing Fees	\$0.00	[Pages]	\$0.00
Total Balance Due:			\$0.00

PAYMENT TERMS:

Due upon receipt. Please make checks payable to [Legal Agency Name].

Thank you for your business. Certified Process Server ID: [ID Number]