

INVOICE

[Process Server Name/Agency]

[License Number]

[Address]

[Phone/Email]

Invoice #: _____

Date: _____

Bill To:

[Client Name/Law Firm]

[Address]

[City, State, Zip]

[Reference/File #]

Service Details:

Recipient: _____

Date of Service: _____

Time of Service: _____

Location: _____

Case Information:

Court: _____

Case Name: _____

Case Number: _____

Description of Services / Documents Served	Rate	Amount
Service of Process Fee	\$	\$
Mileage / Travel Fee	\$	\$
Notary / Affidavit Fee	\$	\$
Rush / Priority Surcharge	\$	\$

Description of Services / Documents Served	Rate	Amount
Other: _____	\$	\$

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes/Instructions: