

INVOICE

[Process Server Name/Agency]

[Street Address]

[City, State, Zip]

[Phone Number]

[License #]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Bill To:

[Attorney/Firm Name]

[Client Name]

[Address]

[Email]

Case Information:

Court: [Court Name / Jurisdiction]

Case Number: [Case #]

Plaintiff vs. Defendant: [Plaintiff] vs. [Defendant]

Papers Served: [e.g., Summons, Complaint, Subpoena]

Description of Service	Date	Rate/Fee	Amount
Service of Process - [Recipient Name]	[MM/DD/YY]	\$0.00	\$0.00
Mileage ([00] miles)		\$0.00	\$0.00
Notary / Affidavit Fee		\$0.00	\$0.00

Description of Service	Date	Rate/Fee	Amount
------------------------	------	----------	--------

Rush / Priority Surcharge		\$0.00	\$0.00
---------------------------	--	--------	--------

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Service Details:

Attempt 1: [Date/Time/Result] | Attempt 2: [Date/Time/Result]

Successful Service: [Date/Time/Location]

Please make checks payable to: [Process Server Name]