

# INVOICE

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

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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**BILL TO:**

[Client/Law Firm Name]  
[Address]  
[Attention Name]

**CASE INFORMATION:**

Case #: \_\_\_\_\_

Plaintiff: \_\_\_\_\_

Defendant: \_\_\_\_\_

**SERVICE DETAILS**

Date	Recipient / Entity Name	Service Address	Description	Amount
			Standard Process Service	\$
			Mileage / Travel Fee	\$
			Notary / Affidavit Fee	\$
			Rush Fee / Filing Fee	\$

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

Tax: \$ \_\_\_\_\_

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

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**Payment Terms:** Net 30. Please make checks payable to [Agency Name].

**Notes:** [Space for internal notes or service attempt timestamps]