

INVOICE

[Agency Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Law Firm/Client Name]
[Contact Person]
[Address]
[City, State, Zip]

CASE INFORMATION:

Court: _____
Case #: _____
Party to Serve: _____
Service Status: Successful Diligent Search

Description of Services / Expenses	Date	Qty/Miles	Rate	Total
Service of Process (Routine/Rush/Same Day)			\$	\$
Mileage Fee			\$	\$
Notary / Affidavit Fee			\$	\$

Description of Services / Expenses	Date	Qty/Miles	Rate	Total
Printing/Copying (____ pages)			\$	\$
Skip Tracing / Stakeout			\$	\$

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notes / Payment Instructions:

Please make checks payable to [Agency Name].

Late payments may be subject to a monthly finance charge of [X]%.
 Thank you for your business.