

PROCESS SERVER NAME/AGENCY

123 Legal Street, Suite 100
City, State, Zip Code
Phone: (555) 000-0000
Email: office@processserver.com

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Client/Law Firm Name
Attn: Attorney Name
Address Line 1
City, State, Zip

CASE INFORMATION:

Court: _____
Case Number: _____
Plaintiff vs. Defendant: _____
Person Served: _____

Description of Service	Date	Quantity	Rate	Total
Standard Process Service			\$	\$
Mileage/Travel Fee			\$	\$
Notary/Affidavit Fee			\$	\$

Description of Service	Date	Quantity	Rate	Total
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Skip Tracing / Diligent Search			\$	\$
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Subtotal: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Payment Terms: Due within ____ days. Please make checks payable to: _____

Thank you for your business.