

# INVOICE

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

**RUSH SERVICE**

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

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**Bill To:**

[Client Name/Law Firm]  
[Address]  
[Email/Phone]

**Case Information:**

Case Name: \_\_\_\_\_  
Case #: \_\_\_\_\_  
Court: \_\_\_\_\_

Description of Services	Recipient	Rate	Total
Service of Process (Standard)	[Name]	\$	\$
<b>Rush Processing Fee</b>	-	\$	\$
Mileage/Attempts	-	\$	\$
Affidavit/Notary Fee	-	\$	\$

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

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

**Notes:**

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