

SERVICE OF PROCESS INVOICE

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

Invoice #: _____
Date: _____

Bill To:

[Law Firm or Client Name]
[Street Address]
[City, State, Zip]
[Attn: Name/Reference]

Case Information:

Case Name: _____
Case #: _____
Court: _____
County: _____

Service Details:

Recipient: _____
Address Served: _____
Date/Time of Service: _____

Description of Services / Expenses	Quantity	Rate	Total
Standard Service Fee			\$
Mileage Fee			\$
Notary / Affidavit Fee			\$
Rush / Priority Surcharge			\$
Printing/Copying Fees (Pages: ____)			\$

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes / Terms:

Please make checks payable to: _____

Payment is due within [30] days of receipt. Thank you for your business.