

# INVOICE

[Your Agency Name]

[Address Line 1]

[City, State, Zip]

[Phone] | [Email]

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

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

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## BILL TO:

[Client Name/Law Firm]

[Contact Person]

[Address]

[City, State, Zip]

## CASE INFORMATION:

Court: \_\_\_\_\_

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

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

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

## SERVICE DETAILS:

Description of Service / Documents Served	Date/Time	Rate	Amount
[e.g., Summons & Complaint served to John Doe]			
Mileage ([ ] miles @ \$[ ]/mi)			
Notary / Affidavit Fee			
Other: _____			

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

Tax/Misc: \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

**NOTES / STATUS:**

[Service Status: Executed / Substitute Service / Diligent Effort]

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Please make all checks payable to **[Your Agency Name]**.  
Payment is due within [30] days of invoice date.