

# INVOICE

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

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

## SERVICE PROVIDER

[Agency Name]

[Address]

[Phone / Email]

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BILL TO: [Attorney/Law Firm Name]

[Client Reference/Matter #]

[Address]

CASE INFORMATION: Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

SUBPOENA SUBJECT: Name: \_\_\_\_\_

Address of Service: \_\_\_\_\_

Description of Service	Date	Attempts	Amount
Service of Process (Subpoena)			\$
Mileage / Travel Fee			\$
Rush / Priority Surcharge			\$
Witness Fee (Advanced)			\$
Notary / Filing Fees			\$
<b>TOTAL DUE:</b>			<b>\$</b>

Please make checks payable to: **[Agency Name]**

Terms: Net [Number] Days. Thank you for your business.