

# INVOICE

[Court Reporting Agency Name]  
[Address Line 1]  
[City, State, Zip]  
[Phone / Email]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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**BILL TO:** \_\_\_\_\_

[Law Firm Name]  
[Attn: Attorney Name]  
[Address Line 1]  
[City, State, Zip]

**CASE DETAILS:** \_\_\_\_\_

**Case Name:** \_\_\_\_\_  
**Matter No:** \_\_\_\_\_  
**Venue:** \_\_\_\_\_

**Proceedings Information:**

Date of Hearing: \_\_\_\_\_ | Arbitrator: \_\_\_\_\_  
Witness(es): \_\_\_\_\_

Description of Services (Transcripts, Attendance, Exhibits)	Quantity / Pages	Rate	Total
Arbitration Attendance (Full/Half Day)			\$
Original Transcript + [ ] Copies			\$

Description of Services (Transcripts, Attendance, Exhibits)	Quantity / Pages	Rate	Total
Expedited Delivery Surcharge			\$
Exhibit Management/Scanning			\$
Administrative/Digital Filing Fee			\$

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

Tax: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

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**Payment Terms:** Please make checks payable to [Agency Name]. Wire transfer instructions available upon request. Late payments may be subject to a monthly finance charge of [ ]%.

*Thank you for your business.*