

INVOICE

COURT REPORTER / AGENCY INFORMATION

INVOICE #
DATE

BILL TO

CASE INFORMATION

Case Name: _____

Case No: _____

Location/Platform: _____

Description of Services	Hours/Qty	Rate	Total
Appearance Fee (Full Day / Half Day)			
Hourly Overage / Wait Time			
Travel Fee / Expenses			
Expedited Processing (If Applicable)			
		Subtotal	_____
		Tax	_____
		Total Balance Due	_____

PAYMENT INSTRUCTIONS / NOTES