

INVOICE

[Court Reporting Firm Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Attorney Name / Paralegal]
[Law Firm Name]
[Street Address]
[City, State, Zip]

CASE INFORMATION

Case Name: _____
Case #: _____
Witness: _____
Date of Service: _____

Description of Services	Quantity	Rate	Total
Original Transcript & One Copy (O+1)			
Court Reporter Attendance Fee (Half/Full Day)			
Expedited Delivery Surcharge			
Exhibits (Scanning/Processing)			
Video Synchronization / Digital Media			
Miscellaneous (Parking/Travel/Admin)			

Subtotal: \$0.00
Sales Tax: \$0.00
Balance Due: \$0.00

Please make checks payable to **[Court Reporting Firm Name]**

Payment is due within 30 days of invoice date. Thank you for your business.