

# INVOICE

[Reporter/Agency Name]  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Case #:** \_\_\_\_\_

**Bill To:** [Law Firm Name]  
[Attn: Attorney Name]  
[Street Address]  
[City, State, Zip]  
**Deposition Details: Witness:** [Name]  
**Date of Service:** [Date]  
**Location:** [City/Remote]

Description of Service	Units/Hours	Rate	Total
Deposition Per Diem (Full Day / Half Day)		\$	\$
Overtime / Hourly Extension		\$	\$
Travel / Mileage Fees		\$	\$
Miscellaneous (Parking, Exhibits, etc.)		\$	\$

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

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

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**Amount Due: \$** \_\_\_\_\_

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**Payment Terms:** Net [30] Days. Please make checks payable to [Agency Name].  
Thank you for your business.