

# [REPORTER NAME/FIRM]

[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Email Address]

## INVOICE

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

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### BILL TO

[Attorney/Firm Name]  
[Street Address]  
[City, State, Zip]  
Attn: [Contact Person]

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### CASE REFERENCE

**Case Name:** [e.g., Smith vs. Jones]  
**Case Number:** [Number]  
**Order Number:** [Ref #]

**Proceeding:** [Deposition/Hearing/Trial] of [Witness Name] on [Date of Service]

Description of Services	Quantity/Pages	Rate	Amount
Attendance Fee ([Full/Half] Day)		\$	\$
Transcript Production (Original + [X] Copies)		\$	\$

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Description of Services	Quantity/Pages	Rate	Amount
Digital Media Storage/Handling		\$	\$
Expedited Delivery Surcharge ([X] Days)		\$	\$
Travel/Parking/Miscellaneous Expenses		\$	\$
Subtotal: \$ _____			
Tax: \$ _____			
Total Due: \$ _____			

**Payment Instructions:**

Please make checks payable to **[Reporter Name]**. For electronic payments (ACH/Wire), please contact [Email] for account details. Late payments are subject to a [X]% monthly service charge.

*Thank you for your professional business.*