

# INVOICE

[Your Name / Business Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number] | [Email]

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

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**BILL TO:** [Law Firm/Client Name]  
[Attn: Attorney Name]  
[Street Address]  
[City, State, Zip]  
**CASE INFORMATION: Case:** [Case Name / Caption]  
**Job Date:** [Date of Proceeding]  
**Deponent:** [Witness Name]  
**Job #:** [Reference Number]

Description	Quantity / Units	Rate	Amount
Appearance Fee (Half Day / Full Day)			
Original Transcript + [X] Copy(ies)			
O & 1 (Pages: _____)			
Expedited Delivery Surcharge			
Exhibits (Scanned / Printed)			

Description	Quantity / Units	Rate	Amount
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Postage & Handling

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

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

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

**Payment Terms:** Net [30] Days. Please make checks payable to [Your Name].

Thank you for your business.