

INVOICE

Court Reporting Agency Name

123 Justice Way, Suite 100

City, State, Zip

Phone: (555) 000-0000

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

Attn: _____

Law Firm Name

Street Address

City, State, Zip

DEPOSITION DETAILS

Witness: _____

Date of Depo: _____

Order ID: _____

CASE INFORMATION Case Caption: _____

Case Number: _____

Description of Services / Transcripts	Quantity / Pages	Rate	Total
Original Transcript + 1 Certified Copy			
Court Reporter Attendance Fee (Half/Full Day)			
Oaths & Certificates			

Description of Services / Transcripts	Quantity / Pages	Rate	Total
Exhibits (Scanning/Processing)			
Litigation Support (E-Transcript, PDF, Video)			
Postage & Handling			
Subtotal: \$ _____			
Sales Tax: \$ _____			
Balance Due: \$ _____			

Please make all checks payable to: **Court Reporting Agency Name**

Terms: Net 30 Days. Late fees may apply to overdue balances.