

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

INVOICE

Date: [Date]
Invoice #: [0000]

Bill To:

[Client Name/Law Firm]
[Attn: Attorney Name]
[Address Line 1]
[Address Line 2]

Payment Terms:

Due Date: [Date]
PO Number: [Number]

Case Information:

Case Name: [e.g., Smith v. Doe]
Docket #: [Number]
Proceeding Type: [e.g., Deposition, Hearing, Trial]
Proceeding Date: [Date]

Description	Quantity/Pages	Rate	Amount
Transcription Services - [Turnaround Time]	[0]	[\$[0.00]]	[\$[0.00]]
Exhibits/Index Processing	[0]	[\$[0.00]]	[\$[0.00]]
Delivery/Notary Fees	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Due: \$[0.00]

Notes:

Please make checks payable to: [Payee Name]

Bank Wire / ACH Instructions: [Details]

Late fees may apply after [Number] days.