

COURT REPORTER FEE INVOICE

Reporter Information

Name: _____

License #: _____

Address: _____

Phone: _____

Invoice Details

Invoice #: _____

Date: _____

Case Name: _____

Case #: _____

Billing Information

Client/Firm: _____

Attorney: _____

Description of Services	Units/Pages	Rate	Amount
Attendance Fee			\$
Original Transcript			\$
Transcript Copies			\$
Expedited Delivery Surcharge			\$
Postage/Handling/Exhibit Scanning			\$

Description of Services	Units/Pages	Rate	Amount
Other: _____			\$
SUBTOTAL: \$ _____			
TAX (if applicable): \$ _____			
TOTAL BALANCE DUE: \$ _____			

Payment Terms: Net ____ days. Please make checks payable to the name listed under Reporter Information.

Signature:

Date: