

# INVOICE

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

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

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**BILL TO:**

[Attorney Name / Firm]  
[Street Address]  
[City, State, Zip]

**REFERENCE:**

**Matter/File #:** \_\_\_\_\_  
**P.O. Number:** \_\_\_\_\_

**DEPOSITION/CASE DETAILS**

**Case Name:** \_\_\_\_\_  
**Witness:** \_\_\_\_\_ **Date of Service:** \_\_\_\_\_

Description of Services	Rate	Qty/Units	Amount
Attendance Fee (Full/Half Day)	\$		\$
Original Transcript + [ ] Copy(ies) - [ ] Page(s)	\$		\$
Expedited Delivery Surcharge	\$		\$
Exhibit Processing / Digital Archiving	\$		\$
Miscellaneous (Parking, Remote Connection, etc.)	\$		\$

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

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

Total Due: \$ \_\_\_\_\_

Please make all checks payable to: **[Payee Name]**

Thank you for your professional business.