

[Court Reporting Agency Name]

[Street Address]

[City, State, Zip]

[Phone Number] | [Email]

INVOICE

Bill To:

[Attorney Name]

[Law Firm Name]

[Address]

[Email]

Invoice #: [00000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Case Caption: [Case Name vs. Case Name]

Case Number: [Reference/Docket #]

Deponent: [Witness Name]

Deposition Date: [MM/DD/YYYY]

Description	Quantity/Units	Rate	Amount
Attendance Fee (Full Day/Half Day)	[0]	[\$0.00]	[\$0.00]
Transcript Original + 1 Copy (Page Count)	[0]	[\$0.00]	[\$0.00]
Remote Platform Hosting Fee (Zoom/WebEx)	[0]	[\$0.00]	[\$0.00]
Digital Exhibit Management	[0]	[\$0.00]	[\$0.00]
Electronic Delivery / Archiving	1	[\$0.00]	[\$0.00]
Expedited Delivery Surcharge	[0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Sales Tax (if applicable): \$[0.00]

Total Due: \$[0.00]

Payment Instructions:

Please make checks payable to **[Agency Name]**.

For ACH/Wire Transfer: [Routing #] | [Account #]

Thank you for your business.