

INVOICE

[Your Name/Agency Name]
[Address Line 1]
[City, State, Zip]
[Phone Number] | [Email]

Invoice #: _____
Date: _____

Bill To:

[Attorney Name/Law Firm]
[Address Line 1]
[City, State, Zip]

Case Information:

Case Name: _____
Case/Docket #: _____
Date of Proceeding: _____

Description of Services	Quantity/Pages	Rate	Total
Attendance Fee (Half Day/Full Day)			
Transcript Original + [X] Copies			
Expedited Delivery Surcharge			
Exhibit Scanning/Processing			
Administrative/Travel Fees			

Subtotal: \$0.00
Tax (if applicable): \$0.00

Total Amount Due: \$0.00

Payment Terms: Due within [30] days. Please make checks payable to **[Your Name]**.

Thank you for your business.