

EXPERT INVOICE

Assigned Counsel Services

Invoice #:

Date:

Expert Information

Name/Agency:

Tax ID / SSN:

Address:

Phone/Email:

Case Information

Case Name:

Docket/Index #:

Appointed Attorney:

Court/Jurisdiction:

Professional Services Rendered

Date	Description of Activity	Hours	Rate	Total

Reimbursable Expenses (Travel, Transcripts, etc.)

Date	Expense Description	Amount

Date	Expense Description	Amount

Total Service Fees: \$ _____

Total Expenses: \$ _____

GRAND TOTAL DUE: \$ _____

Certification

I hereby certify that the above services were rendered and expenses incurred in the performance of duties as an assigned expert in the aforementioned case.

Expert Signature

Attorney Approval (Date)