

STATE ASSIGNED COUNSEL OFFICE INVOICE

Invoice #
Date

Attorney Information

Name: _____

Bar ID: _____

Address: _____

Tax ID / SSN: _____

Case Information

Defendant Name: _____

Case/Docket Number: _____

Court: _____

Charge Grade: _____

Professional Services

Date	Description of Activity (In-Court / Out-of-Court)	Hours	Rate	Total

Reimbursable Expenses (Travel, Experts, etc.)

Date	Item Description	Amount

Date	Item Description	Amount

Service Total: \$ _____

Expense Total: \$ _____

GRAND TOTAL: \$ _____

I hereby certify that the above services were rendered and expenses incurred in the representation of the assigned client.

Attorney Signature

Date Signed