



YOUR COMPANY NAME

Deposition Reporters

Your Address

Your Town, State ZIP

I N V O I C E

INVOICE NO.	DATE	JOB NUMBER
220	8/20/2007	56732
JOB DATE	REPORTER	CASE NUMBER
08/15/2007	ReporterName	AS056892
CASE CAPTION		
MadeUpPlaintiff vs. MadeUpDefendant		
T E R M S		
Net 30		

Your O+1 Customer's Name

Your O+1 Customer's Firm

Address

City, State, ZIP

THE ORIGINAL AND 1 COPY OF THE DEPOSITION OF:

JOHN DOE

APPEARANCE FEE

EXHIBITS

SHIPPING & HANDLING

200 Pages @

4.00/Page

800.00

100.00

50 Pages @

.30/Page

15.00

15.00

TOTAL DUE >>>>

930.00

AFTER 09/20/08 PAY

976.50

THANK YOU!

TAX ID: YourTaxIDnumber

Your Phone or Other Contact Info

Please detach bottom portion and return with payment. ↓

Your O+1 Customer's Name

Your O+1 Customer's Firm

Address

City, State, ZIP

Invoice No. : 220

Date : 08/20/2007

TOTAL DUE : 930.00

AFTER 10/20/2007 PAY: 976.50

Remit To: **Your Company Name**

Your Address

Your City, State, ZIP

Job No. : 56732

Case No. : AS056892

MadeUpPlaintiff vs. MadeUpDefendant