

STANDARD INVOICE FOR LEGAL SERVICES

Invoice Date: _____ Department/Agency: _____
Style of Case: _____ v. _____
Court: _____ Assigned Judge: _____
Case Number: _____
Name of Law Firm: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Name of Attorney: _____
Business Phone: (____) _____ Taxpayer ID#: _____
E-mail Address: _____
Date Appointed Deputy Attorney General: _____
(Note: A copy of appointment letter must be attached to invoice.)

Authorized Maximum Amount for Services: \$ _____
Total Amount of Previously Billed Services: \$ _____
Total Amount of Previously Paid Services: \$ _____

Current Services (As Itemized in Detail on Attached Documents):

Attorney - In and Out of Court	Total Hours _____ @ \$ _____ Per hour	\$ _____
Attorney Travel <small>(NOTE: travel time is the greater of one-half the hourly rate or \$85 per hour.)</small>	Total Hours _____ @ \$ _____ Per hour	\$ _____
Non-Attorney Services for Firm		\$ _____
Non-Attorney Services (experts, court reporters, etc.) <i>Must attach proof of payment.</i>		\$ _____
Total Amount Due for Current Services		\$ _____
Expenses Total		\$ _____
Total Amount Due For Current Services and Expenses		\$

State of _____
_____ County

AFFIDAVIT

Before me, the undersigned Notary Public, in and for the said County and State, personally appeared the undersigned affiant, who is known to me and after first being duly sworn by me deposes and states under oath of as follows: that the claims for payment herewith made against the State of Alabama reflect actual services performed and/or expenses for the State of Alabama and are in all respects true, correct, and due.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____ 20 _____

My Commission expires: _____

Notary Public Signature

REVIEW: _____ APPROVAL: _____
Managing Attorney Signature Department Head Signature