

# STANDARD INVOICE FOR LEGAL SERVICES

Invoice Date: \_\_\_\_\_ Invoice Number: \_\_\_\_\_  
GLTF Number: \_\_\_\_\_ 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<br>(NOTE: travel time is the greater of one-half the hourly rate or \$85 per hour.) | Total Hours _____ @ \$ _____ Per hour | \$ _____ |
| Non-Attorney Services for Firm  | Total Hours _____ @ \$ _____ Per hour | \$ _____ |
| 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: \_\_\_\_\_  
Managing Attorney Signature

APPROVAL: \_\_\_\_\_  
Department Head Signature