

UNITED STATES DISTRICT COURT

for the

_____ District of _____

INVOICE

NUMBER

TO:

MAKE CHECK PAYABLE TO:

PHONE: _____

PHONE: _____

FAX: _____

TRANSCRIPTS☐ CRIMINAL☐ CIVIL

DATE ORDERED

DATE DELIVERED

IN THE MATTER OF (CASE NUMBER AND TITLE)

CHARGES

CATEGORY	ORIGINAL			1 ST COPY			ADDITIONAL COPIES			TOTAL CHARGES
	PAGES	PRICE @	SUB TOTAL	PAGES	PRICE @	SUB TOTAL	PAGES	PRICE @	SUB TOTAL	
Ordinary										
14-Day										
Expedited										
3-Day										
Daily										
Hourly										
Realtime										
For proceedings on (Date):						TOTAL				
						LESS DISCOUNT FOR LATE DELIVERY				
						ADD AMOUNT OF DEPOSIT				
						AMOUNT DUE (OR REFUND)				

ADDITIONAL INFORMATION

Full price may be charged only if the transcript is delivered within the required time frame. For example, if an order for expedited transcript is not completed and delivered within (7) calendar days, payment would be at the 14-day *delivery* rate, and if not completed and delivered within 14 days, payment would be at the ordinary delivery rate.

CERTIFICATION

I certify that the transcript fees charged and page format used comply with the requirements of this court and the Judicial Conference of the United States.

SIGNATURE OF OFFICIAL COURT REPORTER

DATE

DISTRIBUTION: TO PARTY (2 copies - 1 to be returned with payment)

COURT REPORTER

COURT REPORTER SUPERVISOR