

UNITED STATES DISTRICT COURT

For the _____ District of _____

INVOICE

NUMBER _____

TO:

NOTE
MAKE CHECK PAYABLE TO:

PHONE:

PHONE:

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										
Expedited										
Daily										
Hourly										
For proceedings on (Date):						TOTAL				
						LESS DISCOUNT FOR LATE				
						LESS AMOUNT OF DEPOSIT				
						TOTAL REFUNDED				
						TOTAL DUE				

ADDITIONAL INFORMATION

Full price may be changed 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 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

(All previous editions of this form are
canceled and should be destroyed.)

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