

# Investigator Invoice

Investigator Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Invoice Date:

Case Name:

Case Number:

Invoice period: \_\_\_\_\_ to \_\_\_\_\_

## Services Rendered

Date	Activity Description	Time Involved	Hourly rate	Entry Total

**Services Rendered Total:**                      **hours**    **x**    **\$**    **/hr**    =    **\$**

## Costs

Item Description	Quantity	Rate per item	Total
Mileage			
Copies			
Parking			
Postage			
Other (explain)			

**Costs Total: \$**

<b>Invoice Total</b>	<b>\$</b>
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\_\_\_\_\_  
**Investigator Signature**