

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing aided person		
Document and process server		
Drug testing – judge directed		
Interpreters		
Non-lawyer – Law clerk, non-qualified paralegal/legal exec.		
Non-lawyer – Qualified legal exec.		
Office disbursement		
Other LINZ fees		
Report – Medical		
Translators		
Travel – Personal car – necessary – @ \$ per km (as per policy)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary – Lead Provider		
Travel – Time – necessary – Listed Provider B		

Prior-approval disbursements (attach receipts/invoices, where applicable)

User charge

Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.

The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.

Total amount less the user charge deduction (incl. GST)* \$

Work completed

If this is a final invoice, please state work completed (refer to proceeding steps) and the results of the proceedings.

If this is an interim invoice, please state work completed for the part of the proceedings being claimed (refer to proceeding steps).

Proceeds of proceedings

Please provide details of any proceeds of proceedings, including costs.

Costs	Cash	Assets	Other	Amount/value	Details/Description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	

I confirm that:

This claim is based on the hours and disbursements actually and reasonably incurred.

- No other payment, remuneration or benefit has been or will be received in respect of this work (unless authorised by Legal Aid).
- Any non-lawyer or supervised provider for whom a claim is made, performed his or her work under my supervision and I am responsible for it.

I acknowledge that:

- If this case is subject to a user charge, the total approved payment may be reduced by the amount of the user charge where the total approved is more than the user charge.

Signature of lead provider

Date

day month year

Is an 'Amendment to Grant' submitted with this invoice?

No

Yes