



Legal Aid

07/19 form **20**

Tax Invoice

Civil Legal Aid

Non-Fixed Fee

Legal aid file No.

Invoice date

Invoice number

GST number

Lead provider's matter/file No.

Use this form to claim for any Civil matter other than Family, Waitangi and fixed fee proceedings.

To: **Legal Aid**, _____
DX Box Number _____ City _____

Customer _____

Lead provider _____ Law firm _____

Details of claim

Forum category 1 2 3 4 Type of proceedings this invoice covers: _____

Covers period from: _____ to _____ Interim invoice Final invoice

Date	Activities	Lead Provider				Listed Provider B																										
		Hours	Total fees		Hours	Total fees																										
	Provider name or number	_____				_____																										
	Level of experience	<table style="display: inline-table; border: none;"> <tr><td style="border: 1px solid black; width: 20px;">1</td><td style="border: 1px solid black; width: 20px;">2</td><td style="border: 1px solid black; width: 20px;">3</td><td style="border: 1px solid black; width: 20px;">A</td><td style="border: 1px solid black; width: 20px;">B</td></tr> <tr><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td></tr> </table>				1	2	3	A	B						<table style="display: inline-table; border: none;"> <tr><td style="border: 1px solid black; width: 20px;">1</td><td style="border: 1px solid black; width: 20px;">2</td><td style="border: 1px solid black; width: 20px;">3</td><td style="border: 1px solid black; width: 20px;">SUP</td><td style="border: 1px solid black; width: 20px;">A</td><td style="border: 1px solid black; width: 20px;">B</td></tr> <tr><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td></tr> </table>					1	2	3	SUP	A	B						
1	2	3	A	B																												
1	2	3	SUP	A	B																											
	Provider rate (excl. GST)	\$ _____				\$ _____																										

Total fees (excl. GST)*	\$
Total disbursements (excl. GST)*	\$
User charge deduction (excl. GST)*	\$
Total GST*	\$
Total amount (incl. GST)*	\$

*If you are not registered for GST, you will be paid the GST excl. amount

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Court-directed bundles – in-house		
Court-directed bundles – third party		
Court filing fee		
Document and process server		
Interpreters		
Non-lawyer – Law clerk, non-qualified paralegal/legal exec.		
Non-lawyer – Qualified legal exec.		
Office disbursement		
Other LINZ fees		
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		
Valuations		

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 and the results of the proceedings.
- If this is an interim invoice, please state work completed and provide an update on that status of proceedings.

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="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>

Lead provider

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.

Signature of lead provider **Date**

day month year

Is an 'Amendment to Grant' submitted with this invoice? No Yes