



Legal Aid

10/23 form 10

Tax Invoice
Family Legal Aid
Non-Fixed Fee

Legal aid file No.
Invoice date
Invoice number
GST number
Lead provider's ref.

To: Legal Aid,
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

Table with columns: Date, Activities, Provider name or number, Level of experience, Provider rate (excl. GST), Lead Provider (Hours, Total Fee), Listed Provider B (Hours, Total Fee)

Summary table with rows: Total fees (excl. GST)\* \$, Total disbursements (excl. GST)\* \$, User charge deduction (excl. GST)\* \$, Total GST\* \$, Mileage (no GST) \$, Total amount (incl. GST)\* \$

\*If you are not registered for GST, you will be paid the GST excl. amount. There is no GST on mileage.

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). There is no GST on mileage.		
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)


<b>User charge</b>	<p>Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.</p> <p>The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.</p> <p><b>Total amount less the user charge deduction</b> (incl. GST)*    \$ <input style="width: 100px;" type="text"/></p>
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<b>Work completed</b>	<p><b>If this is a final invoice, please state work completed (refer to proceeding steps) and the results of the proceedings.</b></p> <p><b>If this is an interim invoice, please state work completed for the part of the proceedings being claimed (refer to proceeding steps).</b></p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
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<b>Proceeds of proceedings</b>	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 style="width: 80px;" type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/>		

**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