



**Legal Aid**

10/23 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

<b>Total fees (excl. GST)*</b>	\$
<b>Total disbursements (excl. GST)*</b>	\$
<b>User charge deduction (excl. GST)*</b>	\$
<b>Total GST*</b>	\$
<b>Total mileage (no GST)</b>	\$
<b>Total amount (incl. GST)*</b>	\$

\*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		
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). 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		
Valuations		

**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 type="text" value="\$"/></p>
--------------------	---

<b>Work completed</b>	<ul style="list-style-type: none"> <li>• If this is a final invoice, please state work completed and the results of the proceedings.</li> <li>• If this is an interim invoice, please state work completed and provide an update on that status of proceedings.</li> </ul> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
-----------------------	---

<b>Proceeds of proceedings</b>	<p>Please provide details of any proceeds of proceedings, including costs.</p> <table border="1"> <thead> <tr> <th>Costs</th> <th>Cash</th> <th>Assets</th> <th>Other</th> <th>Amount/value</th> <th>Details/Description</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> <td></td> </tr> </tbody> </table>	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"/>	\$	
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"/>	\$																					

<b>Lead provider</b>	<p><b>I confirm that:</b></p> <ul style="list-style-type: none"> <li>• This claim is based on the hours and disbursements actually and reasonably incurred.</li> <li>• No other payment, remuneration or benefit has been or will be received in respect of this work (unless authorised by Legal Aid).</li> <li>• 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.</li> </ul> <p><b>Signature of lead provider</b> <input type="text"/></p> <p><b>Date</b> <input type="text"/></p> <p style="text-align: right; font-size: small;">day month year</p> <p><b>Is an 'Amendment to Grant' submitted with this invoice?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
----------------------	---