

NOTARY PUBLIC**BILLING INVOICE**

Name: _____
Commission #: _____
Expires: _____
Address: _____
Phone: _____
Email: _____

Invoice No: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

Name/Company: _____ Phone: _____
Address: _____ Email: _____
City/State/Zip: _____ Signing Loc: _____

DESCRIPTION OF NOTARIAL ACT / SERVICE	QTY	UNIT FEE	TOTAL
Acknowledgment(s)			
Jurat(s) / Oath / Affirmation			
Certified Copy / Copy Certification			
Travel / Mobile Service Fee			
Remote Online Notarization (RON) Surcharge			
Witness Fee / Printing & Courier Services			

PAYMENT TERMS & INSTRUCTIONS

Payment Method Accepted: _____
Make check payable to: _____
Due upon receipt unless otherwise agreed. Thank you for
your business.

Subtotal: _____
Discount / Credit: _____
Total Due: _____

Notary Public Signature

Client Representative Signature / Date