

NOTARY PUBLIC FEE BILLInvoice No: _____
Date: _____Name: _____
Commission No: _____
Commission Expires: _____
State/County: _____
_____**CLIENT INFORMATION:**Name: _____
Address: _____
Phone: _____**VENUE OF NOTARIZATION:**State: _____
County: _____

Description of Notarial Service / Act	Qty	Unit Fee	Total
Acknowledgment (s)			
Jurat(s) / Oath(s) / Affirmation(s)			
Verification on Oath / Affirmation			
Certified Copy / Copy Certification			
Travel / Mileage Fee			
Other: _____			
Subtotal:			
Additional Charges:			
TOTAL DUE:			

Notary Signature: _____

Client Signature: _____

Place Notary Seal / Stamp Here