



10/23 form **48a**
Tax Invoice
 Civil Legal Aid
 Fixed Fees
 Children's Workers Exemption Appeals

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

To: **Legal Aid,** _____
 _____ DX Box Number _____ City _____
 Customer _____
 Lead provider _____ Provider number _____
 Law firm _____ Firm number _____

Details of claim

Fixed Fee: Date fixed fee(s) completed _____ **Fixed Fee Plus:** Covers period from _____ to _____
 Interim invoice Final invoice

	Number of fixed fees	Fixed fee (excl. GST)	Total fixed fees (excl. GST)
Interim Grant Determine whether the grant of legal aid is justified			
Termination of Instructions Initial instructions not followed through			
Application(s)/Order(s) Application for Appeal to High Court			
Specialist Reports Cost of instructing specialist			
Pre-hearing Matters Pre-hearing meeting(s) – preparation			
Pre-hearing meeting(s) – time			
Instructing agent			
Additional factors			
Defended Hearing(s) Complying with Judge's directions			
Defended hearing(s) – preparation			
Defended hearing(s) – time			
Instructing agent			
Additional factors			

Total fixed fees (excl. GST)*	\$
Total fixed fee plus activities (excl. GST)*	\$
Total disbursements (excl. GST)*	\$
Total GST*	\$
Total 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.

	Lead Provider		Listed Provider B			
	Provider name or number		Provider name or number			
	Level of experience		Level of experience			
Provider rate (excl. GST)	\$		\$			
Fixed Fee Plus Activities¹	Hours	Total fees	Hours	Total fees		

¹ Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Birth certificate		
Court-directed bundles – in-house		
Court-directed bundles – third party		
Court filing fee		
Deed of Assignment		
Document and process server		
Drug testing		
Expert consultancy service		
Interpreter		
Library		
Office disbursements		
Psychiatric/Psychologist reports		
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		
Lead Provider Travel – Time – necessary		
Listed Provider B Travel Time – necessary		

Prior-approval disbursements (attach receipts/invoices, where applicable)	

Progress/Result	Please provide an update on the current status of the proceedings.

continue on a separate sheet if necessary ...

Proceeds of Proceedings

Please provide details of any proceeds of proceedings, including costs.

Costs	Cash	Assets	Other	Amount/Values	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"/>

Lead provider

Please tick as appropriate:

I have provided a copy of this invoice to the aided person.

I confirm that:

- If claiming hearing time, I have records of all hearing time covered by this claim.
- This claim is based on the tasks undertaken for the relevant activity/activities 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 performed his or her work under my supervision and I am responsible for it.

Signature of lead provider

Date

day month year