



Legal Aid

06/23

Tax Invoice

AODT Court attendance

Invoice date	
Invoice number	
GST number	
provider's AODT ref.	

To: **Legal Aid,** _____
 _____ DX Box Number _____ City

Name of AODT lawyer: _____

Court type: AODT Court

AODT Court

AODT Court Auckland

AODT Court Waitākere

AODT Court Hamilton

Details of attendance

Attendance date: _____ Start time: _____ Finish time: _____

Total hours claimed*: _____

*Includes hours claimed for attendance at AODT Court, plus other attendances/ preparation as required between court sittings. Anytime worked privately, or time signed out of court, must be deducted from hours claimed.

Total claimed for attendance (excl. GST):
\$ _____

Other claims

Are additional claims outside of standard attendance required for significant work? e.g., for breach of bail and/or on new charge/s:

Total claimed for 'other claims' (excl. GST) \$ _____

Disbursements

Details of any disbursements being claimed (e.g., travel):

Total claimed for disbursements (excl. GST) \$ _____

Total claim

Total claimed for attendance and other claims (excl. GST)	\$
Total claimed for disbursements (excl. GST)	\$
Total GST	\$
Total Amount (incl. GST)*	\$

Confirmation

I confirm that:

- This claim is based on the hours and disbursements actually and reasonably incurred.

Signature of provider

Date

Signature of AODT Team Leader

Date

day month year