

10/23 form **10a**

Tax Invoice

Family Legal Aid Non-Fixed Fee

Legal aid file No.	
Invoice date	
Invoice number	
GST number	
ead provider's ref.	

To: Legal Aid,	ox Number		City			
Customer			City			
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	e Final invoice	
		Lea	d Provider ———	Liste	d Provider B ———	
	Provider name or number					
	Level of experience	1 2 3	A B	1 2 3	SUP A B	
	Provider rate (excl. GST)	\$		\$		
Date Activities		Hours	Total Fee	Hours	Total Fee	
			Total fixed fee	es (excl. GST)*	\$	
	ts (excl. GST)*	\$				
				Total GST*	\$	
				eage (no GST)	\$	
If you are not registered for GST, you will be	naid the GST excl. amount. The	re is no	Total amou	nt (incl. GST)	\$	

^{*}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, v	where applic	able)				Units	Total (excl. GST)	
Court-directed bundles – in-house								
Court-directed bundles – third party								
DNA testing aided person								
Document and process server								
Drug testing – judge directed								
Interpreters								
Non-lawyer – Law clerk, non-qualified pa	ralegal/legal	exec.						
Non-lawyer – Qualified legal exec.								
Office disbursement								
Other LINZ fees								
Report – Medical								
Translators								
Travel – Personal car – necessary – @ \$ p	er km (as pe	r polic	y). Ther	e is no GST on mi	leage.			
Travel – Plane, train, bus, taxi and parking	g – necessary	y						
Travel – Rental car – necessary								
Travel – Time – necessary – Lead Provide	r							
Travel – Time – necessary – Listed Provid	er B							
Prior-approval disbursements (attach rece	eipts/invoice	s, whe	re applio	cable)				
Work completed				ease state work	completed (refe	r to proceeding steps) and the results	
		of the proceedings. If this is an interim invoice, please state work completed for the part of the proceedings being						
	claimed (refer to proceeding steps).							
Proceeds of proceedings	Diagra prov	نام مامنا	taile of a	iny proceeds of p	raccadinas incl	uding costs		
					roceedings, incit	_		
•	Costs Cash	Assets	Other	Amount/value		Details/Descriptio	, n	
_				\$				
				\$				
-		$\overline{\Box}$	$\overline{\Box}$					
				\$				

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Lead provider

I confirm that:

This claim is based on the hours 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 for whom a claim is made, performed his or her work under my supervision and I am responsible for it.

Signature of lead provider Date			
	day	month	year
Is an 'Amendment to Grant' submitted with this invoice?			
No Yes			

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