



11/17 form **20**  
**Tax Invoice**  
**Civil Legal Aid**

Legal aid file No.

Invoice date

Invoice number

GST number

Lead provider's matter/file No.

Use this form to claim for any Civil matter other than Family, Waitangi and ACC fixed fee proceedings.

To: **Legal Aid,** \_\_\_\_\_  
DX Box Number \_\_\_\_\_ City \_\_\_\_\_

Name of aided person \_\_\_\_\_

Name of lead provider \_\_\_\_\_ Name of law firm \_\_\_\_\_

**Details of claim**

Forum category  1  2  3  4 Type of proceedings this invoice covers: \_\_\_\_\_

Covers period from: \_\_\_\_\_ to \_\_\_\_\_  Final invoice  Interim invoice

Date	Step No.	Activities	Lead Provider		Listed Provider B	
			Hours	Total Fee	Hours	Total Fee

**Other (specify)**

_____			
_____			

**Claim by type of proceeding (excl. GST)**  
*(If this claim relates to multiple proceedings, you must state portion of the claim that relates to each)*

_____	\$
_____	\$
_____	\$

<b>Total fees (excl. GST)*</b>	\$
<b>Total disbursements (excl. GST)*</b>	\$
<b>User charge deduction (excl. GST)*</b>	\$
<b>Total GST*</b>	\$
<b>Total amount (incl. GST)*</b>	\$

\*If you are not registered for GST, you will be paid the GST excl. amount

**Disbursements** (specify using GST excl. amount and attach invoice/receipts, where applicable)

Court-directed bundles – in-house		
Court-directed bundles – third party		
Court filing fee		
Document and process server		
Interpreters		
Non-lawyer – Law clerk, non-qualified paralegal/legal exec		
Non-lawyer – Qualified legal exec		
Office disbursement		
Other LINZ fees		
Translators		
Travel – Personal car – necessary @ \$            per km (as per policy)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary – Lead Provider		
Travel – Time – necessary – Listed Provider B		
Valuations		
Witnesses and expert witnesses – allowances		

**Prior-approval disbursements** (specify using GST excl. amount and attach invoice/receipts, where applicable)

Witnesses and expert witnesses – travel		

**User charge**

Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.

The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.

**Total amount less the user charge deduction** (incl. GST)\* \$

**Work completed**

- If this is a final invoice, please state work completed and the results of the proceedings.
- If this is an interim invoice, please state work completed for the part of the proceedings being claimed.

*If this is a final invoice, attach a copy of the order, agreement or judgment, etc.*

**Proceeds of proceedings**

**Please provide details of any proceeds of proceedings**

Costs	Cash	Assets	Other	Amount/value	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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>

**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