



08/17 form **48**
Tax Invoice
Civil Legal Aid
Fixed Fee/Fixed Fee Plus
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 _____
 Name of aided person _____
 Name of lead provider _____ Provider number _____
 Name of law firm _____ Firm number _____

Details of claim

Covers period from: _____ to: _____

Interim invoice Final invoice Date of final disposition (if 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)*	\$
User charge deduction (excl. GST)*	\$
Total GST*	\$
Total amount (incl. GST)	\$

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

	Lead Provider		Listed Provider B	
	Hours	Total fees	Hours	Total fees
Provider name or number	_____		_____	
Level of experience	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1 2 3 SUP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Provider rate (excl. GST)	\$ <input type="text"/>		\$ <input type="text"/>	
Fixed Fee Plus Activities¹				

¹ Activities where prior approval has been sought and granted.

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

Birth certificate		
Court-directed bundles of documents		
Court filing fee		
Deed of Assignment		
Document and process server		
Drug testing		
Interpreter		
Library		
Office disbursements		
Psychiatric/Psychologist report		
Translators		
Travel – Personal car – necessary – @ \$ _____ per km (as per policy)		
Travel – Plane, train, bus, taxi, and parking – necessary		
Travel – Rental car – necessary		
Lead Provider Travel – Time – necessary		
Listed Provider B Travel Time – necessary		
Witness		
Witnesses/Expert Witnesses – allowances		

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

Witness and expert witness – 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)* \$

Progress/Result

Please provide an update on the current status of the proceedings or attach a copy of the order/agreement/judgment etc.

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

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.

I acknowledge that:

- If this case is subject to a user charge, the total approved payment may be reduced by the amount of the user charge where the total approved is more than the user charge.

Signature of lead provider

Date

day month year