STANDARD INVOICE FOR LEGAL SERVICES ATTACHMENT

Name of Attorney: _____

Invoice Date: _____ Department/Agency: _____

Invoice Number: _____ GLTF Number: _____

Style of Case: _____ v. _____

Date	Description of Services Provided	Hours (in tenths)	Approved Rate		Amount
				$	0.00
				$	0.00
				$	0.00