



Legal Aid

10/23 form 44

Tax Invoice

Civil Legal Aid

Fixed Fees

Legal aid file no.	
Invoice date	
Invoice number	
GST number	
Lead provider's ref.	

Employment (Employment Relations Authority)

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

Customer _____

Lead provider _____ Provider number _____

Law firm _____ Firm number _____

Details of claim

Fixed Fee: Date fixed fee(s) completed _____ **Fixed Fee Plus:** Covers period from _____ to _____

Interim invoice Final invoice

Please record the number of fixed fees for repeatable fee activities, activities based on anticipated hearing time, and hearing time activities.	Number of fixed fees	Fixed fee (excl. GST)	Total fixed fees (excl. GST)
Pre-proceeding Matters			
Early termination of instructions			
Pre-proceeding activities			
Mediation (refer to granting notes)			
Preparation			
Time			
Completion of settlement			
If case settles at any time prior to the Investigation Step			
Investigation			
Completion and filing of Statement of Problem			
Directions conference(s)/Teleconference(s) – Preparation			
Directions conference(s)/Teleconference(s) – Meeting time			
Investigation meeting – Preparation			
Investigation meeting – Meeting time			
Review of Authority's direction, determination, or order			
Interlocutories (refer to granting notes)			
Document preparation where there is no hearing			
Hearing(s)/Teleconference(s) – Preparation			(Fixed Fee Plus Activity)
Hearing(s)/Teleconference(s) – Time			
Other Activities			
Costs application			
Removal of matter or part matter to Court			

Total fixed fees (excl. GST)*	\$
Total fixed fee plus activities (excl. GST)*	\$
Total disbursements (excl. GST)*	\$
User charge deduction (excl. GST)*	\$
Total GST*	\$
Total mileage (no GST)	\$
Total amount (incl. GST)*	\$

*If you are not registered for GST, you will be paid the GST excl. amount. There is no GST on mileage.

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

¹ Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Birth certificate		
Court-directed bundles of documents		
Court filing fee		
Deed of Assignment		
Document process server		
Drug testing		
Employment casebook		
Employment Relations Authority application/filing fee		
ERA-required bundles of documents		
Interpreter		
Library		
Other LINZ fees		
Office disbursements		
Title search		
Translator		
Travel – Personal car – necessary – @ \$ per km (as per policy). There is no GST on mileage.		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		
Valuation		
Prior-approval disbursements (attach receipts/invoices, where applicable)		

User charge	<p>Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.</p> <p>The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.</p> <p>Total amount less the user charge deduction (incl. GST)* <input type="text"/> \$ <input type="text"/></p>
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Progress/Result

Please provide an update on the current status of the proceedings.

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