



# Tax Invoice

## Civil Legal Aid Fixed Fee/Fixed Fee Plus Employment (Employment Relations Authority)

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: \_\_\_\_\_  
 Date of final disposition (if final invoice) \_\_\_\_\_  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)
<b>Pre-proceeding Matters</b>			
Early termination of instructions			
Pre-proceeding activities			
<b>Mediation (refer to granting notes)</b>			
Preparation			
Time			
Completion of settlement If case settles at any time prior to the Investigation Step			
<b>Investigation</b>			
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			
<b>Interlocutories (refer to granting notes)</b>			
Document preparation where there is no hearing			
Hearing(s)/Teleconference(s) – Preparation			
Hearing(s)/Teleconference(s) – Time			
<b>Other Activities</b>			
Costs application			
Removal of matter or part matter to Court			

<b>Total fixed fees (excl. GST)*</b>	\$
<b>Total fixed fee plus activities (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

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

<sup>1</sup> 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 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)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		
Witness		
Valuation		
Witnesses and expert witnesses – allowance		

**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)\* \$ \_\_\_\_\_

**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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	

**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