INVOICE

Invoice No.	
Date	
Due Date	

CLIENT

BILLING CONTACT

Matter No:
Matter Name:

Lead Counsel:

PROFESSIONAL SERVICES

DATE	STAFF	DESCRIPTION OF SERVICES RENDERED	RATE	HOURS	TOTAL

DISBURSEMENTS & EXPENSES

DATE	DESCRIPTION	AMOUNT

Total Services	
Total Disbursements	
Tax / VAT	

Total Amount Due

PAYMENT INSTRUCTIONS

Bank Name:
Account Name:
Account Number:
Routing / Sort Code:
IBAN:
SWIFT / BIC: