R&D TAX CREDIT

SERVICES INVOICE

Invoice Number: _____

Date: _____

Due Date: _____

SERVICE PROVIDER

BILL TO

Tax Year under Claim: _____

R&D Study Period: _____

Jurisdiction / Authority: _____

DESCRIPTION OF R&D TAX CREDIT SERVICES	QUALIFIED EXPENSES (QRE)	RATE / CONTINGENCY %	TOTAL FEE

Subtotal: _____

Tax / VAT: _____

Total Due: _____

PAYMENT TERMS & CONDITIONS

Prepared By / Service Provider Representative

Date: _____

Approved By / Client Representative

Date: _____