

INVOICE

Invoice No:

Date:

Due Date:

CASE INFORMATION
Arbitration Tribunal / Institution:
Case Reference Number:
Case Caption / Matter Name:

BILL TO (PARTY 1)

BILL TO (PARTY 2 / OTHER)

DESCRIPTION OF ARBITRATION SERVICES	HOURS / DAYS	RATE	AMOUNT

Subtotal:	
Tax / VAT:	
Total Due:	

PAYMENT INSTRUCTIONS & WIRE DETAILS

Bank Name:	
Account Holder:	
Account Number / IBAN:	
SWIFT / BIC Code:	
Payment Terms:	

Date

Arbitrator Signature