

INVOICE

Invoice No. _____

Date _____

Due Date _____

Case Name:
Case Number:
Mediator Name:
Mediation Date:

CLIENT / PARTY A BILL TO

CLIENT / PARTY B BILL TO

DESCRIPTION OF SERVICES	HOURS / QTY	RATE	TOTAL AMOUNT

Subtotal

Party A Share (%)

Party B Share (%)

Retainer Applied

Total Due

Payment Terms & Professional Notes

Mediator Signature

Date