
BILLING STATEMENT

Invoice No: _____

Date: _____

Due Date: _____

DISPUTE / CASE MATTER REFERENCE

Case Name:

Matter No:

Neutral / Arbitrator:

Forum:

Session Date(s):

Representing:

BILL TO

DATE	DESCRIPTION OF DISPUTE RESOLUTION SERVICES / EXPENSES	HOURS / QTY	RATE	TOTAL
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Subtotal: _____

Retainer / Deposit Applied: _____

Total Balance Due:

PAYMENT TERMS & DISPUTE RESOLUTION POLICY

Payment is due upon receipt or within the designated timeframe specified above. Retainers must be replenished as agreed in the Mediation/Arbitration Agreement. Unpaid balances may incur late fees or result in the suspension of pending awards, decisions, or subsequent scheduled sessions.

Authorized Representative / Billing Officer

Date