INVOICE

Dispute Resolution Services

Invoice No: _____

Date: _____

Due Date: _____

PROVIDER INFORMATION

Specialist Name:

Firm/Agency:

Address:

Phone/Email:

Credential/Lic No:

CLIENT INFORMATION

Client Name:

Company/Org:

Address:

Phone/Email:

Billing Ref No:

CASE & DISPUTE DETAILS

Case Title/No:

Type of Dispute:

Session Date(s):

Session Venue:

DESCRIPTION OF SERVICES (MEDIATION, ARBITRATION, PREP, TRAVEL)	HOURS / QTY	RATE	AMOUNT

DESCRIPTION OF SERVICES (MEDIATION, ARBITRATION, PREP, TRAVEL)	HOURS / QTY	RATE	AMOUNT

Subtotal:

Retainer Applied:

Total Due:

PAYMENT TERMS & ADMINISTRATIVE NOTES

Bank Name:

Account No:

Routing No:

Late Fee Policy:

Split-Fee Allocation:

Provider Authorized Signature

Date