# INVOICE

Invoice No:

Date:

Due Date:

**BILL TO**

**REGULATORY / CASE DETAILS**

Docket No:

Agency / Authority:

Project / Matter:

PO / Reference:

| DESCRIPTION OF SERVICES RENDERED | HOURS / QTY | RATE | AMOUNT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Subtotal:

Tax / VAT:

Total Due:

**PAYMENT TERMS & METHODS**

AUTHORIZED REPRESENTATIVE