INVOICE

Alternative Dispute Resolution & Arbitration Services

Invoice No: _____

Date: _____

Due Date: _____

Arbitrator / Neutral: _____

Case Name: _____

Case Reference No: _____ **Tribunal/Forum:** _____

Billed To (Party): _____

DESCRIPTION OF ARBITRATION SERVICES	HOURS / QTY	RATE / PRICE	TOTAL AMOUNT

Subtotal: _____

Retainer / Deposit Applied: _____

Total Due: _____

PAYMENT INSTRUCTIONS & TERMS

_____

_____

_____

PREPARED BY (ARBITRATOR / REPRESENTATIVE)

_____

APPROVED BY (PAYEE / REPRESENTATIVE)