INVOICE

Legal Mediation & Alternative Dispute Resolution Services

Invoice No:

Date:

Due Date:

MEDIATOR / FIRM INFORMATION

CLIENT INFORMATION / BILL TO

Case Name:

Case Number:

Mediation Date:

Representative:

DESCRIPTION OF SERVICE	RATE / HR	HOURS / QTY	TOTAL AMOUNT

Subtotal:

Retainer Applied:

Balance Due:

PAYMENT INSTRUCTIONS & TERMS

Bank Name:
Account Name:
Account No:
Routing/BIC:

MEDIATOR SIGNATURE

CLIENT / AUTHORIZED REPRESENTATIVE