INVOICE

Invoice No:
Date:
Due Date:

CLIENT / BILL TO

DISPUTE DETAILS

Case Reference:
Dispute Type:
Neutral/Arbiter/Mediator:

Party A (Initiator)		**Party B (Respondent)**	

DESCRIPTION OF SERVICES	HOURS / QTY	RATE ($)	AMOUNT ($)

Subtotal

Tax / VAT

Total Due

PAYMENT INSTRUCTIONS & TERMS

Bank Name:
Account Name:
Account Number / IBAN:
SWIFT/BIC:
Terms:

Provider Signature

Client Signature