INVOICE

Invoice No:
Date:
Due Date:

Case Reference:
Tribunal/Arbitrator:
Case Name:

BILL TO (CLAIMANT)

BILL TO (RESPONDENT)

DATE	DESCRIPTION OF ARBITRATION SERVICES	HOURS / QTY	RATE	TOTAL

Subtotal:
Tax / VAT:
Total Due:

PAYMENT INSTRUCTIONS

Bank Name:

Account Name:

IBAN / Account No:

SWIFT / BIC:

Terms:

Prepared By

Approved By / Date