INVOICE

Invoice No:
Date:
Due Date:
Matter No:

CLIENT INFORMATION

MATTER DETAILS

Subject:
Billing Period:
Lead Counsel:

DATE	DESCRIPTION OF SERVICES	ATTORNEY	HOURS	RATE	TOTAL

Subtotal:

Tax / VAT:

Disbursements/Expenses:

Total Due:

TRUST ACCOUNT STATEMENT

Retainer Trust Balance (Previous Statement):

Less: Amount Applied to This Invoice:

Remaining Trust Account Balance:

PAYMENT INSTRUCTIONS & TERMS

Payment is due immediately upon receipt of this invoice. Standard terms of business apply.
Please execute wire transfers to the following account details:
Bank Name:
IBAN / Account No:
SWIFT / BIC:
Reference: