INVOICE

Invoice No.:

Date:

Due Date:

CASE NAME / REFERENCE

ARBITRATION TRIBUNAL / CASE NUMBER

ARBITRATOR / MEDIATOR

BILLING PERIOD

BILL TO:

SHARE OF FEES:

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

Subtotal:

Less: Retainer/Deposit:

Total Due (USD):

PAYMENT INSTRUCTIONS

Please remit payment within the specified due date. Bank transfer details are listed below:

Bank Name:

Account Name:

Account/IBAN:

Routing/BIC: