JOINT SESSION INVOICE

Co-Mediation Services

Invoice No: _____

Date: _____

Due Date: _____

CO-MEDIATOR 1

Name:

Firm:

Email:

Phone:

CO-MEDIATOR 2

Name:

Firm:

Email:

Phone:

Case Ref:

Session Date:

Party A:

Party B:

DESCRIPTION OF SERVICES (JOINT SESSION / PREPARATION / ADMIN)	HOURS	RATE ($/HR)	TOTAL AMOUNT

PAYMENT INSTRUCTIONS & TERMS

FEE SPLIT ALLOCATION

Party A %:

Party B %:

Subtotal:	
Tax / VAT:	
Total Due:	

CO-MEDIATOR 1 SIGNATURE

CO-MEDIATOR 2 SIGNATURE