ARBITRATION INVOICE

Invoice No:

Date:

Due Date:

Arbitration Tribunal:

Case Reference No:

Case Name:

BILL TO

ON BEHALF OF / SHARED BY

Description of Arbitration Services	Hours / Qty	Rate / Unit	Total Amount

Subtotal:

Tax / VAT:

Less: Retainer Paid:

Total Balance Due:

PAYMENT INSTRUCTIONS / WIRE DETAILS

Account Name:

Bank Name:

Account Number:

IBAN / SWIFT:

Sole Arbitrator / Tribunal Chair

Date