

INVOICE

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Invoice Number:

Date:

Due Date:

BILL TO

DISPUTE/ CASE REFERENCE

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DATE	ARBITRATOR/MEDIATOR	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT

Subtotal:

Tax / VAT:

Retainer Applied:

Total Due:

PAYMENT INSTRUCTIONS & TERMS

Payment Terms:

Bank Name:

Account Name:

IBAN / Account #:

SWIFT / BIC:

Authorized Signature

Date

