INVOICE

Invoice Number:
Date:
Due Date:

CLIENT / BILL TO

MATTER REFERENCE

Matter Number:
Matter Name:
Lead Counsel:

PROFESSIONAL SERVICES

DATE	TIMEKEEPER	DESCRIPTION OF SERVICES	HOURS	RATE	AMOUNT

DISBURSEMENTS & EXPENSES

DATE	DESCRIPTION	AMOUNT

Total Professional Fees:

Total Disbursements:

Tax / VAT:

Total Due:

Payment Instructions

Bank Name:
Account Name:
Account No:
Routing / ABA:
IBAN:
SWIFT / BIC: