INVOICE

Invoice No:
Date:
Due Date:

Case Name:
Case Reference:
Mediator Name:
Session Date:

BILL TO (PARTY A)

BILL TO (PARTY B)

SERVICE DESCRIPTION	HOURS / QTY	RATE / PRICE	TOTAL AMOUNT

Subtotal:
Tax / Fee:
Total Due:

Payment Instructions & Terms

PREPARED BY (MEDIATOR / REPRESENTATIVE)

CLIENT / AUTHORIZED SIGNATURE