

INVOICE

Law Firm Name / Solicitor Name
Professional Address Line 1
City, Postcode

Invoice #: _____
Date: _____
Matter Ref: _____

CLIENT INFORMATION

Client Name(s):
Property Address:

TRANSACTION DETAILS

Transaction Type: [Purchase / Sale / Transfer]
Completion Date: _____
Price: _____

Description of Professional Services	Amount
Legal Professional Fees (Conveyancing)	
Identity Verification & AML Compliance	
Disbursements (Third Party Costs)	

Description of Professional Services	Amount
- Land Registry Search Fees	
- Local Authority / Environmental Searches	
- Bank Transfer/Telegraphic Fees	
- Stamp Duty Land Tax (SDLT)	
Subtotal: \$ _____ Tax/VAT: \$ _____ Total Payable: \$ _____	

PAYMENT INSTRUCTIONS

Bank: _____ | Account Name: _____
 Account No: _____ | Sort Code: _____

Note: Professional services are subject to the terms and conditions agreed upon at the time of instruction.