

[Representative or Law Firm Name]

[Address Line 1]

[Address Line 2]

[Postcode/City]

[Email/Phone]

INVOICE

Invoice No: [0000]

Date: [DD/MM/YYYY]

Client:

[Client Name]

[Client Address]

[City, Postcode]

Case Reference:

[Tribunal Case Number]

[Claimant Name] v [Respondent Name]

Description of Services / Professional Fees	Quantity/Hours	Rate	Amount
Review of ET1/ET3 & Case Documents	[0.0]	[0.00]	[0.00]
Preparation of Witness Statements	[0.0]	[0.00]	[0.00]
Advocacy: Preliminary Hearing ([Date])	[0.0]	[0.00]	[0.00]

Description of Services / Professional Fees	Quantity/Hours	Rate	Amount
Advocacy: Final Hearing ([Dates])	[0.0]	[0.00]	[0.00]
Disbursements (Travel/Printing/Counsel Fees)	-	-	[0.00]
Subtotal: [0.00]			
VAT ([0%]): [0.00]			
TOTAL DUE: [Currency] [0.00]			

Payment Instructions:

Bank: [Bank Name]
Account Name: [Account Name]
Account No: [Numbers]
Sort Code: [Numbers]

Terms: Please remit payment within [14] days. Thank you for your instruction.