Invoice

Legal Costs Invoicing Template

This template should be used by Legal Representatives when invoicing for work where funding has been awarded by the HIA Inquiry.

HIA Inquiry PO Box 2080 BT1 9QA	То:	Please Pay:				HIA	Designation:		
BT1 9QA Cincluding Post Code	HIA Inquiry	Name:							
Post Code) Tel: Email: Invoice Number Invoice Date & Tax Point VAT Reg Number Purchase Order Number Billing Period Date From: To: Summary Please note that Total Net value will be populated on completion of Breakdown of Claim for Costs. VAT must be calculated manually. Total Net VAT Rate Total VAT	PO Box 2080	Address:							
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Total VAT	Total Net								
	VAT Rate			20%					
TOTAL Due	Total VAT								
	TOTAL Due								
	Banking Details								
Banking Details	Bank Name			Sor	t Code				
	Branch			Acc	ount Number				
Bank Name Sort Code	Building Society Roll	No. (if applicable	<u> </u>						

Please attach a breakdown of your claim using the attached pro forma and send to HIA Inquiry, PO Box 2080, Belfast, BT1 9QA. Your claim will be rejected without this supporting document.

Breakdown of Claim for Costs at Public Expense

Solicitor/Co	unsel Name:		Invoid	e No.			
HIA Designa	ation No.		Please down r	select the	correct Fee	e Rate fron	n the drop
Date	(Enter all detail	escription of Claim ils of work carried out, ir ift and travelling time)		Time Claim (Hours)	Fee Rate £	Total Claim £	HIA use only
TOTAL N	ET AMOUNT						
Signatur	·e:		Date: _				