

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.

To:	Please Pay:	HIA Designation:
HIA Inquiry PO Box 2080 BT1 9QA	Name:	
	Address: (including 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.*

		HIA Use Only
Total Net		
VAT Rate	20%	
Total VAT		
TOTAL Due		

Banking Details

Bank Name		Sort Code	
Branch		Account Number	
Building Society Roll No. (if applicable)			

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.

