## HIA Historical Institutional Abuse Inquiry

## 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 <br> PO Box 2080 <br> BT1 9QA | Name: | Address: <br> (including <br> Post Code) |
|  |  |  |
|  |  |  |
|  | Tel: |  |
|  | Email: |  |


| Invoice Number |  |  |
| :--- | :--- | :--- |
| Invoice Date \& Tax Point |  |  |
| VAT Reg Number |  |  |
| Purchase Order Number |  | To: |
| Billing Period Date | From: |  |

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 | $£ 0.00$ | HIA Use Only |
| :--- | :--- | :--- |
| VAT Rate | $20 \%$ |  |
| Total VAT | $£ 0.00$ |  |
| TOTAL Due | $£ 0.00$ |  |

## 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.

## HIA Historical Institutional Abuse Inquiry

## Breakdown of Claim for Costs at Public Expense

| Solicitor/Counsel Name: |  |
| :--- | :--- |
| HIA Designation No. |  |

Invoice No.
Please select the correct Fee Rate from the drop down menu.

| Date | Description of Claim <br> (Enter all details of work carried out, including uplift and travelling time) | Time Claim <br> (Hours) | Fee <br> Rate $£$ | Total Claim £ | HIA use only |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
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|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
| TOTAL NET AMOUNT |  |  |  | $£ 0.00$ |  |

