Split Invoicing Form

Please complete digitally & email to customerservices@alphabiolabs.com
Please contact your case manager if you have any queries



1. Instructing Party	
Full Name Address	
Position Telephone	
Organisation Email	
Client Full Name Your Reference	
Purchase Order No. Court Reference	
Filing Date dd/mm/yyyy hh/mm Court Date dd/n	nm/yyyy
VAT Registered? No Yes If yes, please confirm your VAT registration number	
As the lead party for this instruction, you agree to make payment for all costs relating to this instruction should the other parties included on this form refuse to settle the split invoices raised to them.	
2. Split Invoicing	
Split invoicing details are ONLY used for invoicing parties directly, once testing is concluded.	
Are any of the parties a litigant in person? No Yes (If yes, their fees will be due upfront, prior to any testing taking place)	
% share to be invoiced to the Instructing Party	
Please add details below of other parties to be invoiced, including their respective percentage shares.	
To avoid invoice rejection, state the name of each client represented.	
Contact Name	Organisation
Address	Telephone
Email	Purchase Order No.
Client Full Name	Your Reference No.
% share to be invoiced to this additional party	Court Reference No.
Contact Name	Organisation
Address	Telephone
Email	Purchase Order No.
Client Full Name	Your Reference No.
% share to be invoiced to this additional party	Court Reference No.
Contact Name	Organisation
Address	Telephone
Email	Purchase Order No.
Client Full Name	Your Reference No.
% share to be invoiced to this additional party Court Reference No	
Contact Name	Organisation
Address	Telephone
Email	Purchase Order No.
Client Full Name	Your Reference No.
% share to be invoiced to this additional party	Court Reference No.
Contact Name	Organisation
Address	Telephone
Email	Purchase Order No.
Client Full Name	Your Reference No.
% share to be invoiced to this additional party	Court Reference No.