

SPLIT INVOICE FORM

Case reference: DCX.....

Lead body / Contacting Party

The costs of the test are to be split EQUALLY between the _____ parties.

* Where possible, please provide any Purchase Order numbers upon ordering. This will help when we invoice your case after results are released.

Lead Body / Contracting Party	
Contact Name:	Contact Name:
Client Represented:	Client Represented:
Purchase Order No (if applicable):	Purchase Order No (if applicable):
Firm/Local Authority:	Firm/Local Authority:
Company Address (inc. Postcode):	Company Address (inc. Postcode):
Telephone:	Telephone:
Email:	Email:
Notes:	Notes:
Contact Name:	Contact Name:
Client Represented:	Client Represented:
Purchase Order No (if applicable):	Purchase Order No (if applicable):
Firm/Local Authority:	Firm/Local Authority:
Company Address (inc. Postcode):	Company Address (inc. Postcode):
Telephone:	Telephone:
Email:	Email:
Notes:	Notes:

If more than 4 (four) parties are involved, please complete a second sheet.

For further information, please see: <u>dadcheck[®]gold FAQs</u> "How do you work with the Legal Aid Authority (LLA)?"

Total no. of invoicing sheets submitted (inc. this one):