IRF DEFENSE COUNSEL BILLING PAYMENT REQUEST

FIRM NAME:_____ DATE:_____

FIRM ADDRESS:_____

_____

FEDERAL TAX ID NUMBER:_____ SUFFIX:_____

SCEIS VENDOR NUMBER:_____

RE: CASE CAPTION:_____

C/A NUMBER:_____ YOUR FILE NO.:_____ IRF FILE NO.:_____

INVOICE

PERIOD OF BILLING:_____ THROUGH:_____

(DATE) (DATE)

_____ HOURS @ $_____ PER HOUR = $ _____

_____ HOURS @ $_____ PER HOUR = $ _____

_____ HOURS @ $_____ PER HOUR = $ _____

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_____ HOURS @ $_____ PER HOUR = $ _____

_____ HOURS @ $_____ PER HOUR = $ _____

_____ HOURS @ $_____ PER HOUR = $ _____

TOTAL ATTORNEY/PARALEGAL FEES....$_____

OTHER COSTS = $ _____

TRAVEL COSTS = $ _____

(Meals,Airline,Parking,Mileage,Ect)

TOTAL OTHER COSTS & TRAVEL.....$_____

TOTAL OF BILL.....$_____

NOTE: *THIS SECTION MUST BE COMPLETED AND AN ITEMIZED BILL MUST BE ATTACHED FOR INVOICE TO BE PROCESSED.*

UPDATED SUIT REVIEW SUBMITTED WITH THIS BILLING? _____YES _____NO

IF NOT,DATE OF LAST REVIEW:_____ (Date should not be more than 90 days)

FOR IRF USE ONLY

ADJUSTER APPROVAL_____ MANAGEMENT APPROVAL_____

CLAIMANT NUMBER_____ DEFENDANT NUMBER_____

CHECK ONE BOX: ☐ GENERAL TORT ☐ MEDICAL MALPRATICE ☐ PROPERTY ☐ SCHOOL BUS

PLEASE CHECK STATUS: ☐ ONGOING CASE ☐ CASE CLOSED