

Tax Invoice

Legal Aid File No.
 Invoice date
 Invoice Number
 GST Number
 Lead Provider's Ref.

Waitangi Tribunal Proceedings

To: **Legal Services Agency**
PO Box 24-149 Manners St Wellington
DX SP 20503 Boulcott St Wellington

Name of aided person Wai number
 Lead Provider
 Legal firm

Postal address
 Total remuneration (maximum grant covering this period) fixed at \$ Date instructions received

Covers period from: to:

Stage of Inquiry for this Claim: Stage 1 - Case Book Stage 2 - Interlocutory Conferencing Stage 3 - Hearing

Provider Information: _____ **Lead Provider** _____ **Provider 2** _____ **Other** _____

Provider Number
 Level of experience
 GHR \$ \$ \$

Provide an itemised account on the next page. All figures to include GST.

Summary:	Lead Provider		Provider 2		Other	
	Hours	\$ Total Fee	Hours	\$ Total Fee	Hours	\$ Total Fee
Preparation
Attendances
Reading Research and Reports
Document Drafting
Other Activities
Disbursements (incl. GST)
Totals

Total Fee (incl GST) for this period \$

Notice to Aided Person
 You have the right under section 38 of the Legal Services Act 2000 to request the Agency to examine the cost of services.
 If you wish to make a request under this section you must send your request in writing to the office where your application is held within 20 days of receiving this notice of the cost of services from the Lead Provider

I,, certify that

- A copy of this claim for payment of fees has been sent to the applicant for the claimant group.
- The work to which the claim for payment of fees relates has been performed by the providers listed above whose levels of practitioner experience is as indicated.
- No other payment, remuneration or benefit has been or will be received in respect of this work, other than is approved by the Legal Services Agency.
- Any non-lawyer for whom a claim is made performed his or her work under my direct supervision and I am responsible for it.

The Tax Invoice must be sent to the Office where the Legal Aid file for this grant is held

Lead Provider's Signature Date

LSA Office use only

Comments

Decision A D R

Date

day	month	year

Grants Officer's signature

Itemised account of activities completed and disbursements for which remuneration is being claimed.

- List work completed and the date under each activity heading
- Provide appropriate evidence (eg copies of tax invoices for disbursements, meeting agenda or notes, research reports read)
- Attach additional pages if necessary

	Lead Provider	Provider 2	Other	<i>(All figures to include GST)</i>
Preparation <i>(eg work immediately prior to attending meetings or conferences)</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>\$ Total</i>
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Totals for Preparation				\$
Attendances <i>(eg judicial conferences, hui, meetings with individuals, hearings)</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>\$ Total</i>
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Totals for Attendances				\$
Reading Research and Reports	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>\$ Total</i>
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Totals for Reading Research and Reports				\$
Document Drafting <i>(eg Statement of Claim, Memoranda of Counsel, Submissions)</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>\$ Total</i>
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Totals for Document Drafting				\$
Other Activities <i>(give full details)</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>\$ Total</i>
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Totals for Other Activities				\$
Disbursements	<i>Office</i>	<i>Travel related</i>	<i>Special/ other</i>	<i>\$ Total</i>
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Total Disbursements				\$