



**Work completed**

If this is a final invoice, please state work completed (refer to Agency steps) and the results of the proceedings.

If this is an interim invoice, please state work completed for the part of the proceedings being claimed (refer to Agency steps).

If this is a final invoice, attach a copy of the order, agreement or judgment, etc

**Proceeds of proceedings**

Please provide details of any proceeds of proceedings

Costs	Cash	Assets	Other	Amount/value	Details/description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	

**Lead provider**

I confirm that:

- No other payment, remuneration or benefit has been or will be received in respect of this work (unless authorised by the Agency).
- Any non-lawyer or secondary provider for whom a claim is made, performed his or her work under my direct supervision and I am responsible for it.

Signature of lead provider

Date

day month year

Is an 'Amendment to Grant' submitted with this invoice?

- No       Yes