

ADVISORY BILL

INVOICE NO:
DATE:
BILLING PERIOD:

CLIENT ACCOUNT DETAILS

Client Name:
Account Number:
Address:

ADVISOR INFORMATION

Primary Advisor:
Office / Group:
Contact Email:
Phone:

BILLING PERIOD VALUATION SUMMARY

BEGINNING PORTFOLIO VALUE

ENDING PORTFOLIO VALUE

AVERAGE DAILY BALANCE

DESCRIPTION OF ADVISORY SERVICES	BASIS AMOUNT	ANNUAL RATE	TOTAL FEE
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Subtotal Fees:
Adjustments/Credits:
Total Fees Due:

METHOD OF PAYMENT & CUSTODIAN NOTICE