

INVOICE

Invoice No: _____
Date: _____
Due Date: _____
Billing Period: _____

TRUST / ACCOUNT INFORMATION

Trust Name:

Account No:

Trustee/Co-Trustee:

CLIENT / BILL TO

Name / Entity:

Address:

Email/Phone:

DESCRIPTION OF FIDUCIARY SERVICES	CALCULATION BASIS / AUM	RATE / %	AMOUNT
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Subtotal: _____

Administrative Fees: _____

Total Due:

FIDUCIARY ACCOUNT WIRE TRANSFER INSTRUCTIONS

Beneficiary Bank:

Routing / ABA:

Swift Code:

Account Name:

Account No:

Reference:
