

INVOICE

Actuarial Consulting Services

Invoice No: _____

Date: _____

Due Date: _____

FROM

.....
TO

DESCRIPTION OF ACTUARIAL SERVICES / DELIVERABLES	HOURS / QTY	RATE	AMOUNT

PAYMENT INSTRUCTIONS

Bank Name:

Account No:

IBAN/SWIFT:

Subtotal: _____

Tax / VAT: _____

Total Due: _____

All actuarial valuations and projections are prepared based on accepted actuarial standards and data provided by the client. Standard payment terms apply.

AUTHORIZED SIGNATURE