

FACILITY INVOICE

Invoice No:	
Invoice Date:	
Due Date:	
Facility Ref:	

LENDER / AGENT BANK _____ _____ _____ _____
BORROWER _____ _____ _____ _____

CREDIT FACILITY SUMMARY

Total Commitment Limit:		Interest Period:	
Outstanding Principal:		Applicable Rate (%):	
Base Rate (LIBOR/SOFR):		Margin / Spread (%):	

OUTSTANDING PAYMENT DUE

DESCRIPTION / CALCULATION BASE	ACCRUAL PERIOD	AMOUNT DUE
Principal Repayment (Tranche _____)		
Interest Charge (Principal: _____ @ _____ % for _____ days)		
Commitment / Facility Fee (_____ %)		
Agency / Administration Fee		
Other Fees / Charges		
Total Amount Due		

WIRING / PAYMENT INSTRUCTIONS

Beneficiary Bank:	
ABA / Routing No:	
SWIFT / BIC:	
Account Name:	

Account Number:	
Reference Memo:	

Prepared By (Authorized Representative)

Approved By (Agent / Lender Sign-off)

Confidential Document. For internal facility management and borrowing party use only.