

FIDUCIARY SERVICES

Billing Statement

Statement No.	
Date	
Account No.	

TRUST / ESTATE INFORMATION

Name of Trust:

.....

Fiduciary:

.....

Capacity:

.....

Address:

.....

TO BENEFICIARY / BILLING PARTY

Client Name:

.....

Address:

.....

City, State, Zip:

.....

Contact No:

.....

DATE	DESCRIPTION OF FIDUCIARY SERVICES / DISBURSEMENTS	HOURS / RATE	AMOUNT
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Fiduciary Fees

Expenses /
Disbursements

Total Due

PREPARED BY (FIDUCIARY/TRUSTEE SIGNATURE)

DATE

Payment Terms & Disclosures

Fees are calculated in accordance with the governing trust agreement, local statutory schedules, or court-approved rates. Please remit payment or direct inquiries within thirty (30) days of receipt.