INVOICE

Invoice No.
Date
Due Date
Trust Ref.

FIDUCIARY / TRUST ADVISORY

BILL TO (TRUST / ESTATE / CLIENT)

Hourly Subtotal

Fiduciary Expenses / Disbursements

Total Due

TRUST ACCOUNT WIRE & PAYMENT INSTRUCTIONS

Bank Name:
Routing Number:
Account Number:
Account Name:
Reference:

This invoice represents professional fiduciary and trust advisory services rendered. All rates and charges are executed in strict accordance with the terms governing the relevant Trust Agreement, Estate Plan, or Court Order. Standard fiduciary accounting disclosures apply. Please review and process this requisition within the standard billing cycle period.