

Fiduciary Invoice

Invoice Number: _____
Invoice Date: _____
Due Date: _____
Billing Period: _____

BILL TO

Name: _____
Address: _____

Contact: _____

ACCOUNT / TRUST DETAILS

Trust Name: _____

Account No: _____

Fiduciary Capacity: _____

Reference: _____

DESCRIPTION OF FIDUCIARY SERVICES / EXPENSES	BASIS / RATE	HOURS / QTY	AMOUNT
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Fiduciary Fees: _____
Administrative Expenses: _____
Total Due: _____

Payment & Disbursement Instructions

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PREPARED BY (FIDUCIARY/TRUSTEE)

DATE