

INVOICE

Aircraft Management Services

Invoice #: _____

Date: _____

Management Company:

[Company Name]

[Address Line 1]

[City, State, Zip]

[Phone/Email]

Client / Aircraft Owner:

[Owner Name]

Tail Number: [N-Number]

Aircraft Type: [Make/Model]

Period: [Month/Year]

DESCRIPTION	QTY/HOURS	UNIT PRICE	TOTAL
Monthly Management Fee			
Crew Salaries & Benefits			
Hangarage Fees			
Insurance Pro-rata			
Fuel & Handling (Flight Ops)			
Maintenance & Parts			

DESCRIPTION	QTY/HOURS	UNIT PRICE	TOTAL
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Navigation & Landing Fees

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Payment Instructions:

Wire Transfer: [Bank Name] | SWIFT/BIC: [Code] | Account: [Number]
Please include invoice number with payment. Payment due within [X] days.