[CORPORATE INSTITUTION NAME]

[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

FACILITY INVOICE

Invoice #: [000000]
Date: [Date]
Due Date: [Date]

CLIENT DETAILS

[Client Entity Name]
[Billing Address]
[City, State, Zip]
Attn: [Accounts Payable Department]

FACILITY SUMMARY

Facility ID: [Reference Number]
Facility Type: [e.g., Revolving Credit / Term Loan]
Period: [Start Date] to [End Date]

Description of Charges	Principal/Base	Rate/Basis	Amount
Interest Expense (Accrued)	[0.00]	[0.00]%	[0.00]
Unused Line Fee / Commitment Fee	[0.00]	[0.00]%	[0.00]
Administrative Agency Fee	-	-	[0.00]

Description of Charges	Principal/Base	Rate/Basis	Amount
Other Charges / Facility Expenses	-	-	[0.00]

Subtotal [0.00]
Tax / Regulatory Surcharge [0.00]
Total Amount Due [Currency] [0.00]

WIRE TRANSFER INSTRUCTIONS

Bank Name: [Bank Name]
Swift/BIC: [Code]
Account Name: [Name]
Account Number / IBAN: [Number]