INVESTMENT MANAGEMENT CONSULTING

[Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE
[Invoice Number]
Date: [Date]
Due Date: [Due Date]

BILL TO

[Client Name]
[Client Company]
[Address]
[Email]

ACCOUNT SUMMARY

Reporting Period: [Start Date] - [End Date]
AUM Reference: $[0.00]
Portfolio ID: [ID Number]

SERVICE DESCRIPTION	BASIS (HOURS/AUM%)	RATE/PRICE	AMOUNT
Management Fee - [Q1/Q2/Q3/Q4]	[0.00]%	-	$[0.00]
Portfolio Analysis & Strategy Consulting	[Hours]	$[0.00]	$[0.00]
Performance Reporting Fee	-	-	$[0.00]

Subtotal: $[0.00]

Tax/Adjustments: $[0.00]
Total Due: $[0.00]

PAYMENT INSTRUCTIONS

Wire Transfer / ACH: [Bank Name] | Routing: [Number] | Account: [Number]
Please include invoice number with payment. All consulting fees are non-refundable.