INVOICE

[Advisory Firm Name]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

From:
[Street Address]
[City, State, Zip]
[Email/Phone]

Bill To:
[Client Name]
[Account Number]
[Client Address]

DESCRIPTION OF SERVICES	ASSET VALUE / BASE	RATE/FEE %	AMOUNT
Portfolio Management Fees (Q[#] [Year])	$[0.00]	[0.00]%	$[0.00]
Financial Planning & Advisory Services	-	Fixed	$[0.00]
Administrative/Custodial Pass-through	-	-	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Total Due: $[0.00]

Payment Instructions:
[Bank Name] | Wire Transfer: [Account/Routing] | Check Payable to: [Name]

Notes:
Fees are calculated based on the Average Daily Balance or Period Ending Balance as defined in the Advisory Agreement. Please contact your advisor for detailed performance reporting.