

# TRUST MANAGEMENT INVOICE

**Invoice #:** [000000]

**Date:** [Date]

**Due Date:** [Date]

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## Trustee / Management Firm

[Company/Trustee Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

### Bill To (The Trust)

[Name of Trust]

[Attn: Beneficiary/Grantor]

[Address Line 1]

[City, State, Zip]

Service Description	Rate/Base	Qty/Hours	Total
Asset Management Fee ([Period])	[0.00]%	[AUM Amount]	[\$[0.00]]
Administrative/Fiduciary Services	[\$[0.00]]	[0]	[\$[0.00]]
Tax Preparation & Filing	[\$[0.00]]	[0]	[\$[0.00]]
Legal/Consultation Fees	[\$[0.00]]	[0]	[\$[0.00]]

Subtotal: \$[0.00]

Expenses/Reimbursements: \$[0.00]

**Total Amount Due: \$[0.00]**

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**Payment Instructions:** [Wire Transfer / Check / Automated Trust Deduction]

**Note:** Management fees are calculated based on the fair market value of trust assets as of [Valuation Date].