PROFORMA INVOICE

[Invoice Number]
Date: [Date]

ADVISOR

[Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID / License No.]

CLIENT / BILL TO

[Client Name]
[Client Address]
[Account Number]

BILLING PERIOD

[Start Date] to [End Date]

PAYMENT DUE

Upon Receipt

Description of Services	AUM / Basis	Rate (%)	Amount
Asset Management Fee - Equity Portfolio	[0.00]	[0.00]%	[0.00]
Asset Management Fee - Fixed Income	[0.00]	[0.00]%	[0.00]
Financial Planning Professional Services	Flat Fee	-	[0.00]

Subtotal: [0.00]
Tax (if applicable): [0.00]
Total Amount Due: $[0.00]

PAYMENT INSTRUCTIONS

Wire Transfer / ACH: [Bank Name] | Acc: [Number] | Routing: [Number]

Note: This is a proforma invoice for advisory services rendered. Please review the calculations based on your Investment Management Agreement.