INVOICE

Egg Donation Services

INVOICE #: _____

DATE: _____

AGENCY / PROVIDER

_____
_____
_____

INTENDED PARENT / RECIPIENT

_____
_____
_____

DONOR ID / REFERENCE

_____

CYCLE REFERENCE

_____

Description of Services / Fees	Amount
Donor Compensation (Escrow Funding)	$ _____

Description of Services / Fees	Amount
Agency Management & Coordination Fee	$ _____
Legal Fee (Donor Representation)	$ _____
Medical Screening & Evaluation	$ _____
Genetic Testing / Professional Fees	$ _____
Donor Insurance Premium (Complications)	$ _____
Estimated Travel & Lodging Expenses	$ _____
Psychological Evaluation / Support	$ _____

Subtotal: $ _____

Tax / Other: $ _____

Total Due: $ _____

PAYMENT INSTRUCTIONS

Please make all checks payable to _____.
Wire Transfer details: Bank: _____ | Acct: _____ | Routing: _____

Thank you for your trust in our management services.