[Agency Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____

Date: _____

Case ID: _____

BILL TO:

[Intended Parent Name(s)]
[Street Address]
[City, State, Zip]
[Phone/Email]

SURROGACY REFERENCE:

Surrogate Name: [Name]
Cycle/Stage: [Stage]
Projected Due Date: [Date]

Description of Services / Expenses	Date	Amount
Agency Professional Fee (Phase [X])		$ 0.00

Description of Services / Expenses	Date	Amount
Surrogate Compensation Installment		$ 0.00
Psychological / Medical Screening Fees		$ 0.00
Legal Counsel / Contract Review		$ 0.00
Monthly Allowance / Travel Reimbursement		$ 0.00
Insurance Premium / Coordination Fee		$ 0.00

Subtotal: $ 0.00
Tax/Administrative Fees: $ 0.00
Total Due: $ 0.00

Payment Instructions:
Please make checks payable to **[Agency Name]** or wire funds to:
Bank Name: [Bank Name] | Account: [Number] | Routing: [Number]

Terms: Payment is due within [X] days of invoice date.