DISBURSEMENT COMMISSION INVOICE

Invoice #: [0000]
Date: [Date]

ESCROW AGENT / COMPANY

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/License #]

ESCROW REFERENCE

File Number: [File #]
Property/Asset: [Description]
Closing Date: [Date]

PAYABLE TO

[Entity Name]
[Mailing Address]

CLIENT / PRINCIPAL

[Client Name]
[Contact Info]

Description of Service	Disbursement Base	Rate (%)	Amount
Escrow Disbursement Commission	$0.00	0.00%	$0.00
Administrative Processing Fee	-	-	$0.00
Wire Transfer / Handling Fees	-	-	$0.00

Subtotal: $0.00
Tax (if applicable): $0.00

Total Commission Due: $0.00

Payment Instructions: To be deducted directly from escrow proceeds at time of disbursement unless otherwise specified.

Note: This invoice is for professional commission services rendered in connection with the aforementioned escrow file.