

INVOICE

Management Co. Name
Address Line 1
City, State, Zip

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Property Details:

[Commercial Building Name]
[Building Address]
Unit/Suite: [Number]

Bill To:

[Tenant Company Name]
[Contact Name]
[Tenant Address]

DESCRIPTION	PERIOD	AMOUNT
Base Rent	[MM/DD - MM/DD]	\$ 0.00
Common Area Maintenance (CAM)	[MM/DD - MM/DD]	\$ 0.00
Property Insurance	[MM/DD - MM/DD]	\$ 0.00

DESCRIPTION	PERIOD	AMOUNT
Real Estate Taxes	[MM/DD - MM/DD]	\$ 0.00
Utility Reimbursement: [Water/Electric]	[MM/DD - MM/DD]	\$ 0.00
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Subtotal: \$ 0.00		
Late Fees / Adjustments: \$ 0.00		
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Total Due: \$ 0.00		

Payment Instructions: Please make checks payable to [Payee Name]. Include Invoice Number on check. For ACH/Wire transfers, please refer to the attached banking instructions.

Thank you for your business.