LEASE INVOICE

[Shopping Center Name]
[Property Management Address]
[City, State, Zip]

INVOICE #: [0000]
DATE: [Date]
DUE DATE: [Date]

TENANT INFORMATION:

[Tenant Business Name]
[Suite/Unit Number]
[Contact Name]
[Phone Number]

REMIT PAYMENT TO:

[Payee Name/Entity]
[Payment Address]
[City, State, Zip]

Description	Period	Amount
Base Rent - [Unit #]	[Month, Year]	$0.00
Common Area Maintenance (CAM)	[Month, Year]	$0.00
Real Estate Taxes	[Month, Year]	$0.00
Insurance Pro-Rata Share	[Month, Year]	$0.00
Marketing/Promotion Fund	[Month, Year]	$0.00

Description	Period	Amount
Late Fees / Utilities (If Applicable)	-	$0.00

Subtotal: $0.00
Sales Tax: $0.00

Total Due: $0.00

Notes: Please include your Suite Number on your check. Interest may be applied to late payments per the lease agreement.

Thank you for your tenancy.