EXCLUSIVE VACATION RENTALS

Management Services Invoice

Invoice #: [0000]

Date: [Month Day, Year]

Property Owner:
[Owner Name]
[Mailing Address]
[City, State, Zip]

Property Details:
[Property Name/ID]
[Physical Address]
[Reporting Period]

SERVICE DESCRIPTION	RATE/CALCULATION	AMOUNT
Monthly Management Fee	[%] of Gross Rental Income	$0.00
Professional Cleaning & Turnover	[Units/Stays]	$0.00
Maintenance & Emergency Repairs	[Hours/Costs]	$0.00
Marketing & Platform Coordination	Fixed Monthly Rate	$0.00
Concierge & Guest Services	Premium Supplement	$0.00
	Subtotal:	$0.00

Taxes:	$0.00
Total Due:	**$0.00**

Payment Terms: Net [Number] Days. Please make checks payable to Exclusive Vacation Management.

Thank you for your partnership in maintaining excellence for your guests.