[APARTMENT COMPLEX NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [Month Day, Year]

Invoice #: [000000]

BILL TO:

[Resident Name]
Unit: [Number/Letter]
[Phone/Email]

BILLING PERIOD:

[Start Date] to [End Date]
DUE DATE: [Date]

Description	Amount
Monthly Rent	$0.00
Water/Sewer	$0.00
Electricity/Gas	$0.00
Trash/Recycling Fee	$0.00

Description	Amount
Parking/Garage Fee	$0.00
Other Charges: [Specify]	$0.00

Subtotal: $0.00
Late Fees: $0.00

TOTAL DUE: $0.00

Please make checks payable to **[Management Company Name]**.

Payments received after the [Day] of the month are subject to late fees.

Thank you for being our resident!