INVOICE

[Condo Association Name]
[Address Line 1]
[City, State, Zip]

Date:
Invoice #:
Due Date:

Bill To:

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

Description	Amount
Monthly Assessment (Dues) - [Month, Year]	$
Reserve Fund Contribution	$
Special Assessment / Other	$
Late Fees / Prior Balance	$

Total Amount Due: $

Payment Instructions:
Please make checks payable to: [Condo Association Name]
Include Unit # on the check. To pay online, visit: [URL/Portal]

Late payments may be subject to interest or penalties as per Association Bylaws.