INVOICE

Date: _____
Invoice #: _____

[Lessor/Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Lessee:
[Business Name]
[Contact Person]
[Unit/Suite Number]
[Property Address]
Payment Details:
Due Date: _____
Lease Period: _____
Square Footage: _____

Description	Rate/SQFT	Amount
Base Monthly Rent		
Common Area Maintenance (CAM)		
Property Taxes / Insurance Share		
Utility Surcharge / Other		

Subtotal: $_____
Late Fees: $_____

Total Due: $_____

Notes: Please make checks payable to _____. A late fee of ____% will be applied to payments received after the due date.