

INTERIM BILLING

[Business Park Name]
[Management Office Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Billing Period: _____

TENANT:

[Tenant Company Name]
[Suite/Unit Number]
[Contact Name]

LEASE DETAILS:

Lease ID: _____
Square Footage: _____

Description of Charges	Units/Qty	Rate/Price	Total Amount
Common Area Maintenance (CAM) Adjustment			
Utility Overage / Sub-metered Electric			
Pro-rated Property Tax Reconciliation			
Parking / Facility Services			
Miscellaneous/Administrative Fees			

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Payment Terms: Due within [X] days of invoice date.

Remittance Instructions: Please make checks payable to [Entity Name] or pay via portal at [URL].