

# INTERIM BILLING

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**[Landlord/Company Name]**

[Address Line 1]

[City, State, Zip]

[Phone/Email]

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**BILL TO:**

[Tenant Name]

[Business Name]

[Suite/Unit Number]

[Property Address]

**BILLING PERIOD:**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

Description of Charges	Category	Amount
Common Area Maintenance (CAM) Adjustment	Operating Expense	\$ 0.00
Pro-rata Property Tax Adjustment	Tax	\$ 0.00
Utility Reconciliation (Sub-metered)	Utilities	\$ 0.00
Insurance Premium Adjustment	Insurance	\$ 0.00
Misc: _____	Other	\$ 0.00

Subtotal: \$ 0.00

Tax Rate (%): 0.00%

Total Due: \$ 0.00

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**NOTES & INSTRUCTIONS:**

Please make checks payable to: **[Landlord Name]**

Late fees may apply if payment is received after the due date per the terms of the lease agreement.