

LESSOR / LANDLORD

[Company Name]

[Address Line 1]

[City, State, Zip]

[Tax ID / VAT Number]

INTERIM INVOICE

Invoice #: _____

Date: _____

LESSEE / TENANT

[Tenant Name / Company]

[Billing Address]

[Contact Person]

LEASE PREMISES

[Suite / Unit Number]

[Property Address]

BILLING PERIOD

[Start Date] to [End Date]

Description	Quantity/Unit	Rate	Amount
Base Rent (Pro-rated / Interim)			\$
Common Area Maintenance (CAM)			\$
Utility Reconciliation			\$
Parking / Signage Fees			\$

Description	Quantity/Unit	Rate	Amount
[Other Adjustment/Charge]			\$

Subtotal: \$ _____
Tax (___ %): \$ _____
TOTAL DUE: \$ _____

REMITTANCE ADVICE / PAYMENT INSTRUCTIONS

Bank Name: _____

Account / IBAN: _____

Routing / SWIFT: _____

This is an interim invoice generated pursuant to the terms of the Commercial Lease Agreement. Please contact the property management office for any discrepancies within 5 business days.