

# INTERIM RENTAL INVOICE

[Landlord/Company Name]  
[Address Line 1]  
[City, State, Zip]

INVOICE #

DATE

BILL TO:

[Tenant Name]  
[Trade Name]  
[Property Address / Unit #]

INTERIM PERIOD:

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

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

Total Days: \_\_\_\_\_

Description	Full Monthly Rate	Calculation (Pro-rata)	Amount
Base Rent (Interim)	\$	/ [Days in Month] x [Interim Days]	\$
Common Area Maint. (CAM)	\$	/ [Days in Month] x [Interim Days]	\$
Property Insurance/Taxes	\$	Pro-rated Share	\$
Other Fees: [Specify]	-	-	\$

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Total Due: \$ \_\_\_\_\_**

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NOTES / PAYMENT INSTRUCTIONS:

Please make checks payable to \_\_\_\_\_.  
Payment is due by \_\_\_\_\_. Wire transfer details available upon request.