

COMMERCIAL SUBLEASE INTERIM INVOICE

Invoice #: _____
Date: _____

Sublessor (From):

[Entity Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT]

Sublessee (To):

[Entity Name]
[Street Address]
[City, State, Zip]
[Reference/PO #]

Property Address: _____

Interim Period: _____ to _____

| Description | Base Amount | Share % | Total |
|--------------------------------|-------------|---------|-------|
| Pro-rated Base Rent | \$ | - | \$ |
| Common Area Maintenance (CAM) | \$ | % | \$ |
| Utilities (Interim Adjustment) | \$ | - | \$ |
| Property Taxes / Insurance | \$ | % | \$ |
| Other: _____ | \$ | - | \$ |

Subtotal: \$ _____

Tax/VAT: \$ _____

Total Amount Due: \$ _____

Payment Terms: Due within ___ days.

Wire/ACH Details: Bank: _____ | Account: _____ | Routing: _____

Note: This is an interim payment request based on estimated or reconciled costs for the specified period.