

# INTERIM LEASE PAYMENT REQUEST

INVOICE # [00000]  
DATE [Date]

LESSOR / LANDLORD [Company Name]

[Address Line 1]

[City, State, Zip]

LESSEE / TENANT [Tenant Name]

[Commercial Property Address]

[Suite/Unit Number]

LEASE REFERENCE [Lease Agreement ID / Reference Number]

INTERIM PERIOD [Start Date] to [End Date]

Description of Charges	Amount
Pro-rated Base Rent (Interim Period)	\$0.00
Common Area Maintenance (CAM) Pro-rata	\$0.00
Interim Property Taxes / Insurance	\$0.00
Utility Reconciliation / Other	\$0.00

Subtotal: \$0.00

Tax (if applicable): \$0.00

**Total Amount Due: \$0.00**

**PAYMENT INSTRUCTIONS** Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Please make checks payable to: [Payee Name]

Due Date: [Date]