

INTERIM PAYMENT INVOICE

Invoice #: _____

Date: _____

[Landlord/Management Co. Name]

[Address Line 1]

[City, State, Zip]

[Tax ID / VAT Number]

TENANT DETAILS

[Tenant Company Name]

[Office/Suite Number]

[Street Address]

[Contact Person]

LEASE REFERENCE

Lease ID: [ID Number]

Interim Period: [Start Date] to [End Date]

Property: [Building Name/Location]

Description of Interim Charges	Amount
Pro-rated Office Rent (Interim Period)	0.00
Common Area Maintenance (CAM) Adjustment	0.00
Utility Reconciliation (Electricity/Water)	0.00

Description of Interim Charges	Amount
Interim Parking / Storage Fees	0.00
Administrative / Processing Fees	0.00
Subtotal: \$0.00 Tax ([Rate]%) : \$0.00 Total Amount Due: \$0.00	

PAYMENT INSTRUCTIONS

Please make payment via wire transfer to:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Due Date: [Date]

Note: This is an interim statement for the period specified above.