PORTFOLIO INVOICE

[Commercial Real Estate Group Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

CLIENT / TENANT

[Entity Name]
[Attention Contact]
[Billing Address]

PORTFOLIO REFERENCE

[Portfolio Name/ID]
[Region/District]

PROPERTY / ASSET ID	DESCRIPTION	TYPE	AMOUNT
[Property Name/ID]	Monthly Base Rent - [Month]	Fixed	0.00
[Property Name/ID]	Common Area Maintenance (CAM)	Variable	0.00
[Property Name/ID]	Property Tax Disbursement	Pass-through	0.00

PROPERTY / ASSET ID	DESCRIPTION	TYPE	AMOUNT
[Property Name/ID]	Insurance Contribution	Fixed	0.00

Subtotal $0.00
Total Adjustments $0.00
Balance Due $0.00

Payment Instructions: Please include Invoice # on all wire transfers or checks. Late fees apply after [Number] days.

Make checks payable to: [Account Holder Name]