INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]

INVOICE NUMBER
#INV-001

DATE
[Date]

CLIENT / INVESTOR

[Client Name]
[Company Name]
[Client Address]

PROJECT / PROPERTY

[Property Name or Portfolio]
[Property Address]
[Units: XX]

Description of Services	Rate/Price	Qty/Hrs	Total
Market Underwriting & Financial Modeling	$0.00	0	$0.00
Due Diligence Oversight & Lease Audit	$0.00	0	$0.00
Capital Expenditure (CapEx) Planning	$0.00	0	$0.00
Acquisition Advisory Fee	0.00%	1	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

PAYMENT INSTRUCTIONS

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Terms: Net 30 days. Thank you for your business.