INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Project: Real Estate Disposition

CLIENT / PROPERTY OWNER

[Client Name]
[Organization]
[Address]

SUBJECT PROPERTY INFORMATION

[Property Address]
[City, State, Zip]
APN: [Parcel Number]

Disposition Strategy Phase / Service Description	Qty/Hrs	Rate/Price	Total
Market Analysis & Valuation Modeling			
Asset Repositioning & Feasibility Study			
Marketing Strategy & Collateral Development			
Brokerage Coordination & Listing Oversight			
Due Diligence Coordination & Closing Management			

Subtotal: $0.00
Tax/Fees: $0.00
Balance Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: Disposition strategy fees calculated based on [Contract Reference/Date].