INVOICE

Retail Management Services

Invoice #: _____

Date: _____

Management Agency:

[Company Name]
[Address Line 1]
[Address Line 2]
[Tax ID/VAT]

Bill To (Corporate HQ):

[Retail Group Name]
[Billing Address]
[Contact Person]
[Account Number]

Unit/Store ID	Location Name	Service Description	Period	Amount
[Unit 001]	[Location A]	Operational Management Fee	[Month/Year]	$ 0.00
[Unit 002]	[Location B]	Operational Management Fee	[Month/Year]	$ 0.00
[Unit 003]	[Location C]	Site Audit & Compliance	[Date]	$ 0.00
-	-	Shared Corporate Overhead	-	$ 0.00

Subtotal: $ _____

Tax/VAT: $ _____

Total Due: $ _____

Payment Instructions:

Bank: [Bank Name]
SWIFT/BIC: [Code]
Account: [Number]

Notes:

Payment due within [X] days. Please include Invoice # in wire transfer reference.