ASSET MANAGEMENT INVOICE

[Management Company Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

Client / Property:

[Hotel/Resort Name]
[Owner/Entity Name]
[Property Address]

Remit To:

[Bank Name]
Account: [Number]
Swift/Routing: [Code]

DESCRIPTION OF SERVICES	PERIOD	AMOUNT
Base Management Fee (% of Total Revenue)	[MM/YY]	0.00
Incentive Fee (Based on GOP/AGOP)	[MM/YY]	0.00
Capital Expenditure Oversight / Project Mgmt	-	0.00

DESCRIPTION OF SERVICES	PERIOD	AMOUNT
Reimbursable Administrative Expenses	-	0.00

Subtotal: 0.00
Tax/VAT: 0.00

Total Due: $0.00

Notes: Fees calculated based on the Management Agreement dated [Date]. Please include invoice number with your payment.

Authorized Signature: _____