INVOICE

Condominium Management Co.

Invoice #: ___________

Date: ___________

FROM:

[Management Name/Address]

[Phone/Email]

BILL TO:

[Tenant Name]

[Unit Number/Building]

Description	Billing Period	Amount
Monthly Rental Fee	[Month, Year]	$
Parking Fee (Unit: ___)	[Month, Year]	$
Utility Surcharge (Water/Trash)	[Month, Year]	$
Association Amenities Fee	[Month, Year]	$
Other / Maintenance Repairs	-	$

Subtotal: $ ________

Late Fees: $ ________

TOTAL DUE: $ ________

Payment Instructions:

Please make checks payable to: __________________________

Due Date: [Day] of the month. A late fee of $_______ applies after the [Day]th.

Thank you for your prompt payment.