MANAGEMENT INVOICE

Property Management Co.
123 Management Way
City, State, Zip

Invoice #: _____
Date: _____
Period: _____

Property Details:
Name: _____
Address: _____
Total Units: _____
Bill To:
Ownership Group Name
Billing Address Line 1
City, State, Zip

Description of Services / Charges	Unit/Qty	Rate/Flat	Amount
Base Management Fee			$
Leasing/Placement Fees			$
Maintenance & Repairs Coordination			$
Administrative/Postage Fees			$
Other: _____			$

Subtotal: $_____

Tax/Other: $_____

Total Due: $_____

Payment Instructions:
Please make checks payable to Property Management Co. or pay via ACH portal.
Net 30 days. Late fees apply after the due date.