

[CORPORATE HOUSING NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [0000]
Date: [Date]

BILL TO

[Client/Corporation Name]
[Contact Person]
[Address]
[Tax ID/PO Number]

STAY DETAILS

Guest: [Guest Name]
Property: [Unit/Building Name]
Period: [Check-in] to [Check-out]
Duration: [Total Nights] Nights

Description	Rate	Qty/Nights	Amount
Corporate Suite Rental	[\$[0.00]]	[0]	[\$[0.00]]
Cleaning/Turnover Fee	[\$[0.00]]	1	[\$[0.00]]
Parking/Utility Surcharge	[\$[0.00]]	[0]	[\$[0.00]]
Other Services [Specify]	[\$[0.00]]	1	[\$[0.00]]

Subtotal: \$[0.00]

Tax ([0] %): \$[0.00]

Total Due: \$[0.00]

Payment Instructions:

Please make checks payable to [Company Name] or pay via wire transfer to [Bank Details]. Payment is due within [X] days.

Thank you for choosing [Corporate Housing Name].