

INVOICE

Invoice #: _____

Date: _____

Property Management / Owner

Name: _____

Phone: _____

Email: _____

Guest Information

Name: _____

Address: _____

Phone: _____

Rental Property

Property Name: _____

Address: _____

Unit/Suite: _____

Stay Duration

Check-in: _____ Check-out: _____

Total Nights: _____

Description	Rate/Price	Qty/Nights	Total
Seasonal Nightly Rate	\$		\$
Cleaning Fee	\$	1	\$
Security Deposit (Refundable)	\$	1	\$
Other: _____	\$		\$

Subtotal: \$ _____

Lodging Tax (____%): \$ _____

Total Amount: \$ _____

Payment Instructions:

Please make payment via _____ by date: _____

Thank you for choosing our property for your seasonal stay!