

[COMPANY NAME]

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

INVOICE

[Invoice Number]
Date: [Date]

BILL TO:

[Client Name]
[Company Name]
[Client Address]

RENTAL PERIOD:

[Start Date] to [End Date]

Description	Rate/Type	Qty/Days	Total
Shared Desk / Private Office Rental	\$0.00	0	\$0.00
Meeting Room Usage	\$0.00	0	\$0.00
Add-ons (Printing, Mail, Amenities)	\$0.00	-	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00

Amount Due: \$0.00

Payment Terms: Please pay within [X] days. Make checks payable to [Company Name].

Notes: Thank you for being part of our coworking community.