

COST RECOVERY INVOICE

Utility Billing Department

Invoice #: _____

Date: _____

Due Date: _____

BILLED TO (TENANT/DEPARTMENT)

FACILITY DETAILS

Property ID: _____

Meter Reference: _____

Billing Period: _____

Utility Description	Meter Reading (Start/End)	Consumption	Unit Rate	Total Cost
Electricity Recovery	_____ / _____	_____	_____	_____
Water/Sewer Recovery	_____ / _____	_____	_____	_____
Natural Gas Recovery	_____ / _____	_____	_____	_____
Common Area Maintenance (CAM) %	N/A	_____	_____	_____

Utility Description	Meter Reading (Start/End)	Consumption	Unit Rate	Total Cost
Administrative Handling Fee	N/A	N/A	_____	_____
Subtotal: \$ _____				
Applicable Taxes: \$ _____				
Total Recovery Due: \$ _____				

PAYMENT INSTRUCTIONS / NOTES

Please remit payment within 30 days of receipt. Make checks payable to: _____

Wire Transfer Details: Account # _____ | Routing # _____