PROFORMA INVOICE

Multi-Family Housing Management

Invoice #: _____
Date: _____

PROPERTY INFORMATION

Name: _____
Address: _____
Unit(s): _____

BILL TO / RESIDENT

Name: _____
Contact: _____
Lease ID: _____

Description	Unit/Qty	Rate/Price	Amount
Monthly Base Rent			
Parking / Garage Fees			
Utility Reimbursement (RUBS)			
Amenity / Facility Fees			
Security Deposit (Advance)			
Other: _____			

Subtotal: $ _____
Tax: $ _____
Total Due: $ _____

NOTES & INSTRUCTIONS

This is a proforma invoice provided for estimation purposes prior to formal billing. Please make all checks payable to the property management entity listed above. Bank wire instructions available upon request.