PROFORMA INVOICE

Property Management Services

Date: [Date]
Invoice #: [Number]

Manager / Agency:

[Company Name]
[Address Line 1]
[City, State, Zip]
[Tax ID/VAT Number]

Property Owner / Client:

[Client Name]
[Address Line 1]
[City, State, Zip]
Property Ref: [Property Address/ID]

Description of Services	Period	Rate/Qty	Amount
Management Fee	[Date Range]	[0]%	[0.00]
Leasing / Placement Fee	-	-	[0.00]
Maintenance Coordination	[Description]	-	[0.00]
Administrative/Other	-	-	[0.00]

Subtotal: [0.00]
Tax/VAT: [0.00]

Total Due: [0.00]

Payment Instructions & Terms:

Bank Name: [Name] | Account Name: [Name] | Account No: [Number] | Sort Code/IBAN: [Code]

** This is a proforma invoice provided prior to the delivery of services/receipt of payment. A tax invoice will be issued upon payment.*