PROFORMA INVOICE

[Asset Management Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO (PROPERTY OWNERS/ENTITY)

[Client Name/Hotel Group]
[Attn: Name/Department]
[Address Line 1]
[City, State, Zip]

PROPERTY SUBJECT

[Hotel/Asset Name]
[Property Code: 0000]
[Property Address]

Description of Services	Qty/Hrs	Rate	Amount
Asset Management Base Fee (Monthly)	1	0.00	0.00
Operational Oversight & Reporting	-	0.00	0.00
Capital Expenditure (CapEx) Planning	-	0.00	0.00
Reimbursable Expenses (Travel/Audit)	1	0.00	0.00

Subtotal: $0.00
Tax/VAT: $0.00

Total Amount Due: $0.00

Payment Instructions: Wire Transfer / ACH info: [Bank Name] | [Account Number] | [Routing Number]

Notes: This is a proforma invoice issued prior to the delivery of services/goods for planning purposes.