[HOSPITALITY GROUP NAME]

MANAGEMENT & CONSULTING SERVICES

PROFORMA INVOICE

No: [P-0000]
Date: [Date]

ISSUED TO

[Client Property/Hotel Name]
[Attn: General Manager]
[Street Address]
[City, State, Zip]

REMIT TO

[Management Company HQ]
[Banking Details/IBAN]
[Tax ID/VAT Number]
[Contact Email]

Service Description	Period/Qty	Rate/Fee	Amount
Fixed Management Fee - [Month/Year]	1	0.00	0.00
Incentive Fee ([X]% of GOP)	[Calculation]	0.00	0.00
Technical Services / Marketing Fund Contribution	1	0.00	0.00
Reimbursable Expenses (Travel/Audit/IT)	-	0.00	0.00

Subtotal: 0.00
Tax ([X]%): 0.00
Total Due: USD 0.00

Terms: This is a proforma document provided for payment processing. A formal tax invoice will be issued upon receipt of funds. Payment is due within [X] days as per the Management Agreement.

Notes: [Insert specialized notes regarding RevPAR targets or performance milestones here].