PROPERTY NAME

123 Management Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____

Invoice #: _____

BILL TO:

Tenant Name: _____
Unit Number: _____
Address: _____

PAYMENT TERMS:

Due Date: _____
Lease ID: _____

Description	Period	Amount
Monthly Rent	_____	$ _____
Utility Charge (Water/Sewer)	_____	$ _____
Parking / Storage Fee	_____	$ _____
Late Fees / Other Charges	_____	$ _____

Subtotal: $ _____
Credits/Adjustments: $ _____

Total Due: $ _____

Notes: Please make checks payable to Property Management LLC. Include your unit number on the memo line.

Thank you for being our resident!