SERVICE INVOICE

Management Company Name
Address Line 1
City, State, Zip
Email: contact@example.com

Invoice #: _____
Date: _____
Due Date: _____

Property Information:
Complex Name: _____
Property Address: _____
Unit/Bldg #: _____

Bill To:
Property Owner/Entity Name
Billing Address Line 1
City, State, Zip

Service Description	Quantity/Hours	Rate	Total
Monthly Management Fee			
Maintenance & Repairs			
Landscaping/Groundskeeping			
Administrative/Legal Services			
Other: _____			

Subtotal: $_____
Tax: $_____

Amount Due: $_____

Payment Terms: Net [30] Days. Please make checks payable to Management Company Name.

Notes: Thank you for your continued partnership.