INVOICE

Property Management Services

Invoice #: _____

Date: _____

PROPERTY MANAGER / REMIT TO:

_____
_____
_____
Phone: _____

TENANT / BILLED TO:

_____
_____
_____
Property ID: _____

Description	Billing Period	Amount
Monthly Base Rent	___/___ to ___/___	$ _____
Parking / Storage Fee	___/___ to ___/___	$ _____
Utility Pro-rata / Common Area	___/___ to ___/___	$ _____
Other: _____	_____	$ _____

Subtotal: $ _____
Late Fees: $ _____
Total Due: $ _____

NOTES & PAYMENT INSTRUCTIONS:

Please make checks payable to _____.
Rent is due on the 1st of each month. A late fee of $_____ will be applied after the ____ of the month.