OVERSIGHT INVOICE

Invoice #: [000]
Date: [MM/DD/YYYY]

MANAGEMENT COMPANY

[Name / Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

PROPERTY OWNER / CLIENT

[Owner Name]
[Mailing Address]
[City, State, Zip]

PROPERTY UNDER OVERSIGHT

[Rental Property Address Here]

Description of Services	Period/Qty	Rate	Amount
Monthly Management & Oversight Fee	[Period]	$0.00	$0.00
Maintenance Coordination / Inspections	[Hours/Units]	$0.00	$0.00
Tenant Relations & Leasing Oversight	[Description]	$0.00	$0.00
Emergency Response / After-hours	[Events]	$0.00	$0.00

Subtotal: $0.00

Tax/Other: $0.00

Total Due: $0.00

NOTES / PAYMENT INSTRUCTIONS

Please make checks payable to [Company Name]. Payment is due within [X] days.