

INVOICE

TRIPLE NET (NNN) LEASE

LANDLORD / PROPERTY MANAGER

TENANT

Invoice No. _____
Date _____
Due Date _____
Billing Period _____
Lease ID _____
Square Footage _____

LEASED PREMISES

Property Name / Building _____
Suite / Unit Number _____
Property Address _____

DESCRIPTION OF CHARGE	PRO-RATA %	BASE AMOUNT	AMOUNT DUE
Base Rent (Monthly)			_____
Property Taxes (Net Tax Expense Share)			_____
Building Insurance (Net Insurance Share)			_____
Common Area Maintenance (CAM) (Net Maintenance Share)			_____
Utilities (Tenant Direct/Reimbursement)			_____
Other / Administrative Fees			_____

Subtotal _____
Tax / VAT _____

Total Due

PAYMENT INSTRUCTIONS

Prepared By

Tenant Acknowledgment