

PROPERTY VALUATION

Billing Statement

Invoice No: _____

Date: _____

Due Date: _____

APPRAISER / AGENCY

Company: _____

Appraiser: _____

License No: _____

Address: _____

Phone/Email: _____

CLIENT / BILL TO

Client Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

SUBJECT PROPERTY INFORMATION

Property Address: _____

Property Type: _____

Legal Desc: _____

Owner of Record: _____

File/Case No: _____

Effective Date: _____

DESCRIPTION OF APPRAISAL SERVICES / DELIVERABLES	VALUATION METHOD	AMOUNT
--	------------------	--------

DESCRIPTION OF APPRAISAL SERVICES / DELIVERABLES

VALUATION METHOD

AMOUNT

PAYMENT TERMS & INSTRUCTIONS

Subtotal:

Tax / VAT:

Payments / Retainer:

Balance Due:

AUTHORIZED SIGNATURE

CLIENT ACCEPTANCE SIGNATURE

DATE