COMMERCIAL RENT RECEIPT

Receipt No: _____

Date: _____

Landlord / Company:

Address:

Phone / Email:

Tenant Name:

Business Name:

Suite / Unit No:

Leased Premises Address:

Rental Period From:

To:

Description	Amount
Base Rent	
Common Area Maintenance (CAM)	
Property Taxes / Insurance	
Utilities / Other Charges	
Total Amount Received	

Payment Method:

☐ Check
☐ Bank Transfer
☐ Cash
☐ Credit Card

Ref / Check Number:

_____

RECEIVED BY (AUTHORIZED SIGNATURE)

_____

DATE SIGNED