RENTAL INVOICE

Invoice No:

Date:

Due Date:

TENANT INFORMATION

Tenant Name:

Company:

Suite / Unit:

Billing Address:

PROPERTY & LEASE DETAILS

Building Name:

Property Address:

Lease Ref No:

Billing Period:

DESCRIPTION OF CHARGES	SQ. FT. / QTY	RATE / PRICE	AMOUNT
Base Rent			
Common Area Maintenance (CAM)			
Property Taxes			
Utility Submetering / HVAC			
Parking Spaces Lease			

PAYMENT INSTRUCTIONS

Bank Name:

Account Name:

Account No:

Routing / SWIFT:

Please include the Invoice Number as a payment reference. All payments are due in accordance with lease terms.

Subtotal	
Tax / VAT	
Late Fee (if applicable)	
Total Due	

Thank you for your tenancy.

For billing inquiries, please contact: _____

_____

Authorized Signature