

INVOICE

Invoice No: _____
Date: _____
Due Date: _____
Billing Period: _____

LANDLORD / LESSOR

TENANT / LESSEE

Property Name:

Lease Agreement:

Suite / Unit:

Sq. Footage:

DESCRIPTION OF CHARGES	AMOUNT
Base Rent	
Common Area Maintenance (CAM)	
Real Estate Taxes	
Property Insurance (Pro-Rata Share)	
Utilities / Metered Service	
Other / Late Fees / Parking	

Subtotal: _____
Tax / VAT: _____

Total Due: _____

PAYMENT INSTRUCTIONS

Payable To:

Bank Name: _____

Routing / BIC: _____

Account No / IBAN: _____

Authorized Signature