

# Rental Invoice

Invoice Date (dd/mm/yy)	
Invoice No. (yyyy - Number)	

Contact Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City / Prov / Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Rental Date (dd/mm/yy)	Rental Type (space rented / length of rental)	Unit Rate	Quantity	Cost

## Please remit payment:

- ☐ within \_\_\_\_\_ days  
☐ by \_\_\_\_\_ (dd/mm/yy)

## Questions regarding your invoice ?

Rental Agent: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

Sub-Total	
<b>TOTAL DUE</b>	
Deposit	
<b>BALANCE</b>	

## Internal Use Only

Date of Payment: \_\_\_\_\_

- ☐ Cash ☐ Cheque # \_\_\_\_\_  
☐ Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Please send copy of completed invoice with payment c/o OCAC Treasurer to the OCAC address above.