

Rental Invoice

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

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

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

BALANCE	
Deposit	
TOTAL DUE	
Sub-Total	

Phone/Email: _____
 Rental Agent: _____
 Questions regarding your invoice ?
☐ by _____ (dd/mm/yy)
☐ within _____ days
 Please remit payment:

Internal Use Only
 Date of Payment: _____
☐ Credit Card # _____ Exp: _____
☐ Cash
☐ Cheque # _____
 Please send copy of completed invoice with payment c/o OCAC Treasurer to the OCAC address above.