

# 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.