

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	
TOTAL DUE	
Deposit	
BALANCE	

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.