



**OLIVER COMMUNITY
ARTS COUNCIL**

P.O. BOX 1711 OLIVER, BC V0H 1T0
OliverCAC@gmail.com
OliverArtsCouncil.org

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.

The Oliver Community Arts Council thanks you for your business!