



Oliver Community Arts Council
 P.O. Box 1711,
 Oliver, BC V0H 1T0
 olivercac@gmail.com

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!