



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<br>(dd/mm/yy) | Rental Type<br>(space rented / length of rental) | Unit Rate | Quantity | Cost |
|---------------------------|--|-----------|----------|------|
|                           |  |           |          |      |
|                           |  |           |          |      |
|                           |  |           |          |      |

|  |
|--|
| Please remit payment:                        |
| <input type="checkbox"/> within _____ days   |
| <input type="checkbox"/> by _____ (dd/mm/yy) |
| Questions regarding your invoice ?           |
| Rental Agent: _____                          |
| Phone/Email: _____                           |

|           |  |
|-----------|--|
| Sub-Total |  |
|           |  |
|           |  |
| TOTAL DUE |  |
| Deposit   |  |
| BALANCE   |  |

|  |
|--|
| Internal Use Only  |
| Date of Payment: _____   |
| <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____                            |
| <input type="checkbox"/> 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!