WORLDWIDE ERC®
THE WORKFORCE MOBILITY ASSOCIATION

Worldwide ERC® Real Estate Broker Invoice

Invoice Purpose: (check appropriate box) ☐ Inventory Property ☐ Property/Tenancy Management ☐ Marketing Assistance

Invoice Type: (check appropriate box) ☐ Monthly Expense ☐ Final Bill

PURPOSE: This invoice is to be used to report expenses for a single property with the intent of reimbursement and/or advance payment of expenses.

PAYEE

Company Name: _____
Street Address: _____
City/ State/ Zip/Postal Code: _____
Country: _____
Phone #: _____
Fax #: _____
Contact: _____
E-mail: _____
Federal Tax ID # / SS#: _____
Broker ID #: _____
Make Check Payable To: ☐ As above ☐ Other (Indicate below) _____

PAYOR

Company Name: _____
Street Address: _____
City/State/ Zip/Postal Code: _____
Country: _____
Phone #: _____
Fax #: _____
Department: _____
Contact: _____
E-mail: _____
Other: _____

TRANSFEREE / PROPERTY INFORMATION

Transferee Name: _____
Property Street Address: _____
Property City/State/ Zip/ Postal Code: _____
Property Country: _____
Other: _____

File ID: _____
Parcel #: _____
Close Date: _____
List Date: _____

BILLING INFORMATION (#86/93)

Check each one that applies: ☐ Original Receipts Attached ☐ Copies of Checks Attached ☐ Copies of Receipts Attached ☐ Other _____

Outstanding Balance From Previous Expense Statement: $_____

☐ Check here if previous invoice is attached.

INVOICING INFORMATION

Expenses

EXP. TYPE	EXPENSE DESCRIPTION	SERVICE DATE / PERIOD	VENDOR NAME	CODE/ GEN. LEDGER CODE (For Payor Use Only)	DATE PAID	AMOUNT PAID

Estimated Expenses

TOTAL AMOUNT DUE: $

(Does not include previous outstanding balance)

Expense Key

DUE = Association Dues	INT = Initiation	MTN = Maintenance	RET = Real Estate Taxes	UTY = Utility
IMP = Improvement	MNR = Minor Replacements	OTH = Other	RPR = Repair	
INS = Inspection	MTG = Mortgage	PMR = Prop Mgmt/Rental	TER = Termite	

Payee Authorized Signature Date Signed _____

Agent Authorized Signature Date Signed _____

FOR PAYOR USE ONLY

Batch #: _____
Voucher #: _____
Authorization ID #: _____

Item #: _____
Property Status : _____

Payor Authorized Signature: Date Signed: _____

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