

Final Property Bill List

BROKER NAME: _____

CARTUS FILE #: _____

ADDRESS: _____

PROPERTY ADDRESS: _____

BROKER CONTACT: _____

PHONE #: _____ Ext: _____

Federal Tax ID# / Social Security Number:

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Client Inventory Specialist: _____

Client Service Consultant: _____

Closing Management Network: _____

Section A

Expenses to be Paid at Closing

Vendor	Description	Service Dates	Amount
			\$
			\$
			\$
			\$
			\$
TOTAL			\$

Section B

Estimated Final Utility Bills

Vendor	Description	Service Dates	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

Prepared By: _____ Phone #: _____ Ext #: _____ Date: _____

CARTUS _____
(Name/Date)