

Mail To:
Cartus Accounts Payable Department
 P.O. Box 1953
 Danbury, CT 06810

Note: Original invoices and proof of payment must be attached for expenses listed.

BILLING DATE : _____

BROKER NAME:

CUSTOMER NAME:

REMIT TO ADDRESS:

PROPERTY ADDRESS:

BROKER CONTACT:

PHONE # : _____ EXT: _____

FEDERAL TAX ID # or SOCIAL SECURITY # (if not incorporated)

CARTUS FILE #

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CLOSING DATE: _____

OUTSTANDING BALANCE FROM PREVIOUS EXPENSE STATEMENT: \$ _____

SUPPORTING INVOICES ATTACHED

<u>TYPE</u>	<u>VENDOR NAME & DESCRIPTION</u>	<u>SERVICE DATE</u>	<u>AMOUNT</u>	<u>CARTUS Acct Number</u>
UTILITIES:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
MAINTENANCE:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
REPAIRS:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
IMPROVEMENTS:	_____	_____	_____	_____
ASSOCIATE DUES	_____	_____	_____	_____
CONDO/HOMEOWNERS:	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____

TOTAL MONTHLY
 BILLING \$ _____

For Cartus Use Only