

**INVOICE #**

**Provider:**

ADDRESS:  
CITY, ST ZIP:  
PHONE:

**DATE:**

**BILL TO:**

NAME:  
ADDRESS:  
CITY, STATE ZIP:  
PHONE:

**FOR:**

SERVICES:

**DESCRIPTION**

**AMOUNT**

SUBTOTAL \_\_\_\_\_

TAX RATE \_\_\_\_\_

OTHER \_\_\_\_\_

TOTAL \_\_\_\_\_

Make all checks payable to \_\_\_\_\_. If you have any questions concerning this invoice, contact \_\_\_\_\_.

**THANK YOU FOR YOUR BUSINESS!**

