YOUR COMPANY NAME
Provider of Healthcare Personnel
Your Address
Your Phone number and email address
www.companywebsite.com

Company Name
Address
Phone No.

Invoice No.

Name
Address
City State ZIP
Phone

Date 2/13/02
Order No.
Rep
FOB

HRS	Description	HOURLY	TOTAL
60	LPN Services	$28.00	$1,680.00
240	NAR	$20.00	$4,800.00
64	RN Services	$45.00	$2,880.00

[Frame1]

SubTotal $9,360.00

Taxes State

TOTAL $9,367.00

Payment Details

Cash
Credit Card
Credit Card

Name
CC #
Expires

Office Use Only

Insert Fine Print Here