

Sample Invoice

Provider Name
Provider Address

Date: _____
Invoice # _____

Bill to: Ocean Partnership for Children, Inc.
36 Washington St
Toms River, NJ 08753

Client	ID #	Auth #	Date of Service	Times of Day	Total Units	Service Provided	Fee per Unit	Total
Jane Doe		1535454321	8/5/07	9:00-12	3	Mentoring	\$26.	\$78.
Jane Doe		1535454321	8/12/07	1:00-4	3	Mentoring	\$26.	\$78.
Jane Doe		1535454321	8/19/07	10-1	3	Mentoring	\$26	\$78
Jane Doe		1535454321	8/26/07	12-3	3	Mentoring	\$26	\$78
Total Due								\$312