

Rural Connectivity Support

Service & Infrastructure Billing

INVOICE

Date: _____

Provider Details:

Name: _____

Address: _____

Contact: _____

Bill To:

Customer: _____

Location: _____

Account #: _____

Description of Support / Hardware	Qty / Hrs	Rate	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: \$ _____

Rural Subsidy/Discount: -\$ _____

Total Due: \$ _____

Payment Terms:

Please make checks payable to "Rural Connectivity Support". Payments due within 30 days of invoice date.

Thank you for helping bridge the digital divide.