

# INVOICE

Invoice #:

Date:

## Contractor Information

Name:  
License/NPI #:  
Email:

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## Bill To:

Facility Name:  
Department/Unit:  
Address:

## Payment Terms:

Due Date:  
Payable To:

Date	Shift Type (Day/Night)	Hours	Hourly Rate	Subtotal

Shift Subtotal: \$

Mileage/Expenses: \$

**Total Amount Due: \$**

Worker Signature:

Facility Supervisor Approval: