

INVOICE

DATE	SERVICE DESCRIPTION (Client, Wellness, Etc.)	# INDIVIDUALS ATTENDING	HOURS DIRECT SERVICE	RATE	TOTAL
TOTAL					

SIGNATURE

DATE

NAME/CREDENTIAL (Please print)

REMIT TO:

NAME:

AGENCY:

ADDRESS:

FOR OFFICE USE ONLY!
<p>APPROVED:</p> <p>DATE:</p> <p>ACCOUNT:</p>