



Invoice Date:

Invoice #

Bill To:

Clark County Social Service

HHHA Contract Summary Invoice

1600 Pinto Lane

Las Vegas, NV. 89106

For:

HHHA Homemakers Services

Client Name	Dates of Service	Rate	Hours	Total
John Doe	5/1, 5/3, 5/5, 5/7, 5/9	\$ 16.53	15	\$ 247.95
Jane Doe	5/2, 5/3, 5/10, 5/12, 5/22	\$ 16.53	20	\$ 330.60
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Invoice Total				\$ 578.55

Make all checks payable to:

Company Name

If you have any questions concerning this invoice, contact:

Contact Name

Contact Phone Number

Contact Email Address

Pay Terms: 30 Days from Invoice Date

Thank you for your business!

Company Name

Phone:

Street Address

Company Website

Fax:

City, State, and Zip Code

Company Email Address