

YOUR LOGO
HERE

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