

SPEECH THERAPY INVOICE

DETAILS

DATE: _____

INVOICE NO. _____

TERMS: _____

FROM

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

DESCRIPTION	HOURS	RATE (\$/HR)	AMOUNT (\$)
NOTES: _____ _____ _____		SUBTOTAL	
		DISCOUNT	
		TAX / VAT	
		TOTAL	

THANK YOU!

