|  |  |
| --- | --- |
| [Vendor Name] | invoice |
| Street AddressCity, ST ZIP CodePhone Enter phone Email | Website | **INVOICE** # [best practice] **DATE** [date invoice was sent]  |
| TO[Person who Self-Directs] | **FOR** [Waiver Service]  |

|  |  |
| --- | --- |
|  | Hours worked |
| **[date service was rendered]** | [number of hours worked] |
| **[date service was rendered]**  |  [number of hours worked] |
| **[date service was rendered]**  | [number of hours worked] |
| **[date service was rendered]**  | [number of hours worked] |
| **[date service was rendered]**  | [number of hours worked] |
| **Total** – [total hours billed] \* [$ amount charged per hour] | [total amount charged] |

Make all checks payable to [Vendor Name]

If you have any questions concerning this invoice, contact Name | Phone | Email

#### Thank you for your business!

#### **Signature [of the person receiving services or their respresentative]­­­­**

#### **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**