

# THERAPIST INVOICE

## DETAILS

DATE: \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

## 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 (\$)
<b>NOTES:</b> _____ _____ _____			<b>SUBTOTAL</b>
			<b>DISCOUNT</b>
			<b>TAX / VAT</b>
			<b>TOTAL</b>

THANK YOU FOR YOUR BUSINESS

