

HEALTH INSURANCE INVOICE

FROM

Name: _____
Company: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
E-Mail: _____

DATE: _____

INVOICE #: _____

BILL TO

Name: _____
Company: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
E-Mail: _____

DESCRIPTION	AMOUNT (\$)
NOTES _____ _____	SUBTOTAL
	DISCOUNT
	TAX / VAT
	SHIPPING
	TOTAL

THANK YOU FOR YOUR BUSINESS

