

Invoice DSA PI

Your Organization

Primary Business Address
 Your Address Line 2
 Your Address Line 3
 Your Address Line 4

Phone: 555-555-5555
 Fax: 555-555-5555
 E-mail: someone@example.com

Invoice #
Date: xx/xx/xxxx

Bill To:

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

For: (JOB DESCRIPTION)

- 1. Service description
- 2. PO number
- 3. Project number
- 4. Project Name & Description

DESCRIPTION	DATE	HOURS	RATE	AMOUNT
1. Name of Person who performed services 2. Final Verified Report				
SAMPLE				
TOTAL				

FINANCIAL CONTRACT SUMMARY

ORIGINAL CONTRACT AMOUNT	\$XXXXXX
APPROVED CHANGE ORDER AMOUNT	\$XXXXXX
INVOICED AMOUNT BILLED TO DATE	\$XXXXXX
TOTAL REMAINING BALANCE	\$XXXXXX

Make all checks payable to: **Your Organization**

Thank you for your business!