

# Invoice GEO/TI

## 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

**Invoice #**  
**Date: xx/xx/xxxx**

**Bill To:**

**For: (JOB DESCRIPTION)**

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

- 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. Field Services 2. Materials Testing 3. Testing Reports 4. Final Verified Report				
<b>SAMPLE</b>				
<b>TOTAL</b>				

### FINANCIAL CONTRACT SUMMARY

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

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

Thank you for your business!