

Main County

1 Main Street
Madison, WI 53703
Telephone: 555-555-5555
FAX: 555-555-5555

(Revised: 03/2017)

DATE: August 1, 2014

BILL TO:

Department of Workforce Development
DVR CCP Unit
PO Box 7852
Madison, WI 53707-7852

SERVICE FOR: July 2014

INVOICE #: xxxxxx

STAR Vendor #: xxxxxxxxx

| Purchase Order Number | Consumer Name Alpha (Last, First) | Service Description | Number of Units | Rate | Total | Date(s) of Service |
|--------------------------|--------------------------------------|------------------------|--------------------|------|-------|-----------------------|
|--------------------------|--------------------------------------|------------------------|--------------------|------|-------|-----------------------|

This is not a required form, but a sample copy showing the elements required for an invoice. If ALL of the elements are not present it may delay your payment. If submitting for multiple consumers please consider us of a statement type invoice in lieu of individual invoices.

Total Amount Due This Billing: \$xxxxx

Please remit payment to:

Main County
1 Main Street
Madison, WI 53703

If you have any questions, please call xxxx at xxx-xxx-xxxx.