

INVOICE

From:

Your company name: _____ Date: _____

Your address: _____

City: _____ State: _____ Zip: _____

Social Security/Tax ID Number: _____

Bill to:

Everett Public Schools
Accounts Payable
P.O. Box 2098
Everett, WA 98213-0098

Contract Number: _____

Description of goods delivered and/or services provided	Amount
Number of hours to complete project/service: _____ Total: _____	

Supplier Signature

Title



*Goods and/or services have been received.
I hereby approve this invoice for payment.*

Approval for payment

By: _____

Code: _____