WOS Attachment D - Sample Invoice

GRAPHIC DESIGN SERVICES

INVOICE	
Contractor Name:	
Contractor Contact Info (Name/Email/Phone):	
Master Agreement Number:	
Work Order No.	
Invoice Month:	
Submission Date:	

Instructions: Please list each deliverable that has been completed and include the invoice amount. Submit on a montly basis. If no deliverable has been completed for that month, please indicate as such.

Deliverables (please include a description for each)	Date of Completion	Invoice Amount
Deliverable 1		$ -
Deliverable 2		$ -
Deliverable 3		$ -
	TOTAL	$ -
TOTAL INVOICE AMOUNT		$ -