

Company Name: _____

NURSE INVOICE

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

Invoice # _____

Date: _____

Client / Customer

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Description	Hours	\$ / Hour	Amount (\$)

Comments or Special Instructions: _____

Payment is due within ____ days.

SUBTOTAL
DISCOUNT
TAX
TOTAL

Thank you for your business!