

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

# AMBULANCE SERVICE INVOICE

Invoice # \_\_\_\_\_

Date: \_\_\_\_\_

## Client / Customer

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Description	Amount (\$)

Comments or Special Instructions:

\_\_\_\_\_

Payment is due within \_\_\_\_ days.

SUBTOTAL

DISCOUNT

TAX

TOTAL


Thank you for your business!