

INVOICE

Name: *Your Name or Business Name*
Address: *123 Anywhere St., Dallas, TX 12345*
Phone: *214-741-6359*
Fax: *214-741-6389*
Email: *info@myags.net*

BILL TO: Ahora y Siempre, Inc.
 1412 Main St., Suite 205
 Dallas, TX 75202
 214-741-6359 **office**
 214-741-6389 **fax**

Date: *4/1/2013*

CLIENT NAME:	SERVICE TYPE:	LEVEL OF NEED:	PAY RATE:	DATES OF SERVICE:
<i>JOHN DOE</i>	<input checked="" type="checkbox"/> (DH) Day Habilitation <input type="checkbox"/> (SHL) Supported Home Living <input type="checkbox"/> (REH) Respite	<i>5</i>	<i>\$20.00 per day</i>	<i>March 2013</i>

DESCRIPTION:	HOURS/DAYS:	PAY RATE:	AMOUNT:
<i>Day Hab for John Doe</i>	<i>20</i>	<i>\$20.00</i>	<i>\$400.00</i>

SUBTOTAL	<i>\$400.00</i>
*OTHER CHARGES (if applicable):	
GRAND TOTAL:	<i>\$400.00</i>

*Other Charges: _____
