|  |  |
| --- | --- |
| 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 ($) |
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|  |
| Comments or Special Instructions: | SUBTOTAL |  |
|  \_ | DISCOUNT |  |
| Payment is due within \_ days. | TAX |  |
|  | **TOTAL** |  |

Thank you for your business!

