

Attachment B: Sample Invoice
(Revised 2/1/17)

INVOICE
John Good, CI/CT
576 Jones Street
Raleigh, NC 27609
919-234-6789
jgood@aol.com

Bill To:

Attn: Brad Trotter
DMHDDSAS
3004 MSC
Raleigh, NC 27699-3004

Services Requested By:

ACME Mental Health Services
543 Spring Street
Raleigh, NC 27609
919-800-8000

Client ID#: _____

Assignment description: Interpreting services for individual therapy.

Date of Invoice: 7/1/2016

Invoice Number: 2017-123

Date of Assignment: 7/1/2016

Length of Assignment: 2 hours

Hourly Pay Rate: \$40

Total Interpreting Charges: \$80

Total mileage: 12 miles at 53.5 cents per mile

Total Mileage Charges: \$6.42

Total Invoice Amount: \$86.42

Signed: *John Good*
NC License #91234567

SSN: 123-45-6789