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|  |  | INVOICE |

|  |  |  |
| --- | --- | --- |
| Contractor’s Name  Street Address  City, State ZIP  Phone:  Fax: (delete row if fax is not available)  Email: | | Date: mm/dd/yy  INVOICE # ??? |
| **TO** | Baton Rouge Community College  ATTN: Department Contact Peron’s Name & Title  201 Community College Drive  Baton Rouge, LA 70806  Phone: Department Contact Peron’s Number | |

|  |  |  |  |
| --- | --- | --- | --- |
| SALESPERSON | JOB | PAYMENT TERMS | DUE DATE |
| Department Contact Peron’s Name | Contractor | Due on receipt | Net 30 |

|  |  |  |  |
| --- | --- | --- | --- |
| qty | description | unit price | line total |
| If paid hourly, enter hours worked | Briefly describe services provided, including dates of service | If paid hourly, enter hourly rate | Calculate total |
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|  |  |  |  |
|  |  | Subtotal |  |
|  |  | Sales Tax | 0 (tax exempt) |
|  |  | Total |  |

Make all checks payable to Contractor’s Name

Thank you for your business!