

EXHIBIT A – SAMPLE INVOICE

CONTRACTOR NAME		ORIGINAL	
CONTRACTOR ID / FEIN#		AMENDED	
CONTRACTOR ADDRESS		SUPPLEMENT	
INVOICE NUMBER		RE-BILL	
CONTRACT NUMBER			
SERVICE MONTH			

	RATE	UNITS	TOTALS
MILEAGE		0.00	\$0.00
FLAG DROP		0.00	\$0.00
WHEELCHAIR FLAG DROP		0.00	\$0.00
WHEEL CHAIR MILEAGE		0.00	\$0.00
WAIT TIME		0.00	\$0.00
NO SHOW / CANCEL		0.00	\$0.00
ATTENDANT HOURS		0.00	\$0.00
		TOTAL INVOICE	\$0.00

This invoice is a true and accurate account of the services provided for the time period specified; this invoice constitutes the full and complete charge for the services described herein; no further invoices for payment of these services will be made; these services have been provided without discrimination based on age, race, color, creed, gender, religion or national origin and this statement is subject to federal and state audit review.

Contractor Signature: _____ Date: _____

Contractor Email: _____

Contractor Phone: _____