

SAMPLE INVOICE

INVOICE

Team#/Fire Agency Name

Mail all checks to: Mailing address

Street Address

City, ST ZIP Code

Phone | Fax

Email | Website

Invoice #:

Date:

FOR: (Project or service description)

Contract #: A2310XXXX

Billed to:

Cal OES

3650 Schriever Ave

Mather, CA 95655

CSTIInvoices@caloes.ca.gov

CSTI-fr-training@caloes.ca.gov

| Description/Itemization of Services: | Amount |
|--------------------------------------|---------|
| Class name, date, # of students | |
| Lodging | \$XX.XX |
| Tuition | \$XX.XX |
| Travel | \$XX.XX |
| Course materials | \$XX.XX |
| Certificates | \$XX.XX |
| 3% Admin Fee | \$XX.XX |
| Total | \$XX.XX |

Make all checks payable to: Team#/Fire Agency Name

Mail all checks to: Mailing address

If you have any questions concerning this invoice, contact: Name | Phone | Email