

Main County

1 Main Street
Madison, WI 53703

Attachment # 9

DATE: August 1, 2012

BILL TO:

Department of Workforce Development
DVR CCP Unit
PO Box 7904
Madison, WI 53707-7904

SERVICE FOR: July 2012

INVOICE #: xxxxxx

FEIN: xxxxxxxxx

Purchase Order Number	Consumer Name	Service Description	Number of Units	Rate	Total
-----	-----	-----	-----	-----	-----

This is not a required form, but a sample copy showing the elements required for an invoice. If ALL of the elements are not present it may delay your payment.

Total Amount Due This Billing: \$xxxxx

Please remit payment to:

Main County
1 Main Street
Madison, WI 53703

If you have any questions, please call xxxx at xxx-xxx-xxxx.