

Main County

1 Main Street
Madison, WI 53703

Attachment #9

DATE: August 1, 2009

BILL TO:

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

SERVICE FOR: July 2009

INVOICE #: xxxxxx

FEIN: xxxxxxxxx

Purchase Order Number	Consumer Name	Service Description	Number of Units	Rate	Total
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**This is not a required form, but
a sample copy showing the
elements required for an
invoice.**

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.