

**Main County**  
1 Main Street  
Madison, WI 53703  
Telephone: 555-555-5555  
FAX: 555-555-5555

(Revised: 04/2014)

**DATE: August 1, 2014**

**BILL TO:**

Department of Workforce Development  
DVR CCP Unit  
PO Box 7852  
Madison, WI 53707-7852

**SERVICE FOR:** July 2014

**INVOICE #:** xxxxxx

**FEIN:** xxxxxxxxx

<b>Purchase Order Number</b>	<b>Consumer Name</b>	<b>Service Description</b>	<b>Number of Units</b>	<b>Rate</b>	<b>Total</b>
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**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.