

# Invoice for Services



## Invoice for Services at The Cottages Assisted Living

Cottages Location \_\_\_\_\_

Name of Provider \_\_\_\_\_

Date Service Provided \_\_\_\_\_

Mail Payment to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service Provided \_\_\_\_\_

Amount Due \_\_\_\_\_

Approved By \_\_\_\_\_