Agency Name

INVOICE

Agency Address
Agency City, St, Zip Code
Agency Phone: (xxx) xxx-xxxx

BILL TO
Sonoma County Department of Health Services
Attn: Accounts Payable
1450 Neotomas Ave
Santa Rosa, CA 95409
(707) 565-4700
DHS.Fiscal@sonoma-county.org

INVOICE #	DATE
Agency Invoice #	

CUSTOMER ID	TERMS
DHS Customer ID #	**Net 30**

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
			-
			-
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Thank you for your business!

SUBTOTAL	-
TAX RATE	
TAX	-
TOTAL	**$ -**

SAMPLE