

INVOICE

Contractor Name
Contractor Address
Contractor Phone Number
Contractor Point of Contract
Contractor Point Contract of Phone Number
Contractor Point of Contact Email Adress

Invoice Number: TBD
Date: TBD
Due Date: TBD
Terms: TBD

BILL TO:

Department of General Services
Facilities Management Division
2000 14th Street NW, 8th Floor
Washtington, DC 20009
Attn: Paul Dowell
Email: paul.dowell@dc.gov

SAMPLE

Purchase Order
Number: TBD

| Item Number | Activity | Quantity | Rate | Line Item Total |
|-------------|--|----------|---------------|-----------------|
| 001 | Description of services/product provided | | \$0.00 | \$0.00 |
| 002 | Description of services/product provided | | \$0.00 | \$0.00 |
| 003 | Description of services/product provided | | \$0.00 | \$0.00 |
| 004 | Description of services/product provided | | \$0.00 | \$0.00 |
| 005 | Description of services/product provided | | \$0.00 | \$0.00 |
| 006 | Description of services/product provided | | \$0.00 | \$0.00 |
| | | | | |
| | Total Balance Due | | \$0.00 | |