

# Invoice

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Invoice Number: \_\_\_\_\_

**To: Sequatchie Valley Head Start**

**From:** \_\_\_\_\_  
Name of Company or Individual (provide either SSN or EIN or note unless previously provided)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address if different

**For services, including (specify services performed and date performed):**

**Please remit \$ \_\_\_\_\_ to the mailing address shown above.**

\_\_\_\_\_  
Signature of person providing statement