Invoice

Company Name

Company Address
*Company **Phone:** XXX-XXX-XXXX*
*Compnay **Fax:** XXX-XXX-XXXX*

Date	Invoice #
__/__/__	#####

Bill To:

Savvy Septic Program
Snohomish County Health Department
3020 Rucker Ave Suite 104
Everett, WA 98201

Ship To (or Deliver To)

Homeowner/Grant Applicant's Full Name
Address
City, State Zip

Account #		P.O. No.		Terms	Due on receipt	Rep	OFF

Item	Description	Qty	Rate	Amount
	Include somewhere in this section: "Design work for septic system major repair/ replacement for the property located at: [insert property address]"			

Subtotal	
Sales Tax (%)	
Balance Due	