

# Invoice

**Company Name**

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

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

**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	
	<p style="color: red;">Include somewhere in this section: "Materials and labor for septic system major repair/ replacement for the property located at: [insert property address]"</p>				

<b>Subtotal</b>
<b>Sales Tax ( %)</b>
<b>Balance Due</b>