|  |  |  |
| --- | --- | --- |
| INVOICe |  |  |
| DATE  Date | INVOICE NO  Number | YOUR COMPANY  Street Address  City, ST ZIP Code  Phone  Fax  Email |
| INVOICE TO  WellHaven Pet Health  700 Washington Street  Vancouver, WA 98660  360-450-4856  accountspayable@wellhaven.com |  |  |

| Hospital Location |  | Payment Terms |  |
| --- | --- | --- | --- |
|  |  | Due on Receipt |  |

| Quantity | Description | Unit Price | Line Total |
| --- | --- | --- | --- |

|  |  |  |  |
| --- | --- | --- | --- |
| #Hours | Date Worked | $Per Hour | $Total for Day |
| #Hours | Date Worked | $Per Hour | $Total for Day |
| #Hours | Date Worked | $Per Hour | $Total for Day |
| #Hours | Date Worked | $Per Hour | $Total for Day |

|  |  |
| --- | --- |
| Total |  |