



WORKPLACE WELLNESS

Invoice for Service Rendered for Organizational Service

Make Checks Payable to:	
Company Name	
Provider Name	
Mailing Address 1	
Mailing Address 2	
City/State/Zip	
Tax ID	
Service Details	
Organization's Name Performed to	
Service Provided	
Title of Service	
Date of Service	
Location of Service	
Number of Attendees Present	
Any follow-up recommendations?	
If so, what are they?	

Activity Details	Duration (hrs)	Contracted Rate	Total
<b>Consultation and Development</b>			
<b>On-Site</b>			
<b>Travel (Roundtrip)</b>			
		<b>Grand Total Invoiced</b>	

Notes

Bill to:

Sand Creek  
610 North Main Street, Suite 200  
Stillwater, MN 55082  
Phone: 888.243.5744  
Fax: 651.430.3953  
[www.sandcreekeap.com](http://www.sandcreekeap.com)

Thank you for your service that you provided on behalf of Sand Creek.