



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
Preparation			
Onsite (Service Delivery)			
Travel (Roundtrip) <i>Report mileage if under 60 miles</i>			
		Grand Total Invoiced	

Notes

Bill to:

Sand Creek
610 North Main Street, Suite 200
Stillwater, MN 55082
Phone: 651.430.3383
Fax: 651.430.9753
www.sandcreekeap.com

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