

IRA SAMPLE INVOICE FORM

Company Name:
Company Remittance Address:

Invoice #

Date:

Agreement #:

Addressee:
Attn:
Address:

Description	Quantity	Unit Price	Extension
Incident Name: Incident Number:		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL DUE		\$	\$
		\$	\$

If there are any questions please call: () -

Payment in full is due 45 days from the date of the invoice unless other arrangements have been made.

Please return one copy of this invoice with your payment.

- Attachments:**
- Hand Crew Manifest(s)
 - Resource Order
 - Award Summary Sheet
 - Daily CTRs
 - Other Special Needs Documentation