From: ***(Company name/ Full name and Address)***

Bill To:

Better Days Provider

2717 North Main Street Suite 1

Walnut Creek, CA 94597

Invoice

INVOICE:

INVOICE DATE:

Client Code	Date	Time		Total Hours/ Days	Rate	Amount	Remarks
		In	Out				*(Mileages/ Other income/ Deductions)*

Summary:

Total:

Signature

Fraud notice: Any person who knowingly and with intent to commit fraud orsubmit a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.