

# Clogging INVOICE

DATE: \_\_\_\_\_  
month Day year

INVOICEE: \_\_\_\_\_  
NAME

OWES

NAME: \_\_\_\_\_

THE AMOUNT OF

AMOUNT: \$ \_\_\_\_\_  
FOR

see itemized description of charges below

1 \_\_\_\_\_ \$ \_\_\_\_\_  
Pd   
init. \_\_\_\_\_  
/ /

2 \_\_\_\_\_ \$ \_\_\_\_\_  
Pd   
init. \_\_\_\_\_  
/ /

3 \_\_\_\_\_ \$ \_\_\_\_\_  
Pd   
init. \_\_\_\_\_  
/ /

4 \_\_\_\_\_ \$ \_\_\_\_\_  
Pd   
init. \_\_\_\_\_  
/ /

5 \_\_\_\_\_ \$ \_\_\_\_\_  
Pd   
init. \_\_\_\_\_  
/ /

NOTES:

Total Invoice Paid: \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ # \_\_\_\_\_  
init. \_\_\_\_\_ init. \_\_\_\_\_

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