

INVOICE

Note: To be completed by vendor

VENDOR:

DATE OF SERVICE

INVOICE NO.

INVOICE DATE

BILL TO:

Faces & Voices of Recovery
10 G St. NE, Suite 600
Washington, DC 20002
202.737.0690

INVOICE DETAILS

Point of contact at Faces & Voices of Recovery: First Name & Last Name

DATE	DESCRIPTION	UNIT	RATE	TOTAL	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
REMARKS/INSTRUCTIONS			SUBTOTAL		\$
			TAX	%	\$
			Faces & Voices is a 501(c)(3) nonprofit organization. Faces & Voices is tax exempt in DC, FL, and MD.		
Make checks payable to: Business/Vendor Name			TOTAL		\$

THANK YOU

For questions concerning this invoice, please contact invoices@facesandvoicesofrecovery.org