Invoice Date

Bill To: Samplers, Inc.
Accounts Payable
93 Dana St
Providence, RI 02906
Fax: 401.273.9763

Payment For:

Name
Address
City , St, Zip
Phone #
SS#

* ***check box if you recently moved*** ☐

Date	Event	Location	Hours	Rate	Expenses	Total
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$

Total Invoice : $

All Invoices must be faxed or mailed to Samplers, Inc. in order to be paid.

* Please note in order to receive full payment you must have sent in any and all client reporting paperwork.
If you have Expenses from a job, you are to send them immediately after that job.
You must have faxed them no later than 9am the following Monday, to insure quick payment.

IF YOU HAVE MOVED PLEASE MAKE A NOTATION ON YOUR INVOICE SO THE CHECK IS SENT TO YOUR CURRENT ADDRESS.