|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Invoice**    **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Robin Boland**  **1007 Bostonia Street**  **El Cajon, CA 92021`**  **619.593.3002**  **Fax:** **619.593.6181** | |
|  | | | | | |
| **Billed To:** | | |  | | |
|  | | | | | |
| **Performed By** |  |  |  |  | **TERMS** |
| Robin Boland |  |  |  |  | **Contract** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hours or Items | Date | Description | Sub-Total | Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Total Due | |  |
| Please Make Checks Payable to Robin Boland | | | | |

***THANK YOU FOR YOUR BUSINESS!***

|  |
| --- |
| **Notes:** |