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