

## Company Name

<p>[Company Name]</p> <p>[Street Address]</p> <p>[Address 2]</p> <p>[City, ST ZIP Code]</p> <p>[Phone]</p> <p>[E-Mail]</p> <p>[Fax]</p> <p>[Ferderal Tax ID]</p> <p>[Invoice Date]</p> <p>[Account Receivable Official Name]</p> <p>[Invoice Preparator Name/ Title]</p> <p>[Invoice Preparator Phone#]</p> <p>[Contact for Payment Issues Name and Phone#]</p>	<p><b>Solicitation No.</b></p> <p><b>Purchase Order No.</b></p> <p><b>Invoice No.</b></p> <p><b>Bill To</b></p> <p><b>Address</b></p> <p><b>E-Mail</b></p> <p><b>E-Mail</b></p> <p><b>Phone</b></p> <p><b>Fax</b></p>	<p> </p> <p> </p> <p> </p> <p>Department on Disability Services</p> <p>Office of the Controller, 4th Floor</p> <p>64 New York Avenue, NW</p> <p>Washington, DC 20002</p> <p><a href="mailto:Edmund.Neboh@dc.gov">Edmund.Neboh@dc.gov</a></p> <p><a href="mailto:Siavosh.Hedayti@dc.gov">Siavosh.Hedayti@dc.gov</a></p> <p>(202) 442-8471</p> <p>(202)442-8720</p>
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Consumer Name	Service Date	Service Description	Price	Total
<b>No. of Consumers</b>			<b>Total</b>	