

# Simply Invoice

Month & Year

Languages

Interpreters Name

Cert Agency

Cert Number

Tax ID

Email

Address

City

State

Zip

No.	Date	Patient's Initials	Time-In	Time-Out	Service & Outcome	Duration (1h 30 min)	Cost
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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29							
30							

No.	Date	Patient's Initials	Time-In	Time-Out	Service & Outcome	Duration (1h 30 min)	Cost
31							
32							
33							
34							
35							
36							
37							
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64							
65							
66							
67							
68							
69							
70							
					#assignments	#hours billed	#amount
<b>GRAND TOTAL</b>							

