

# Simply Invoice



Pay Period

Languages

Interpreter's Name

Cert Agency

Cert Number

Tax ID

Email

Address

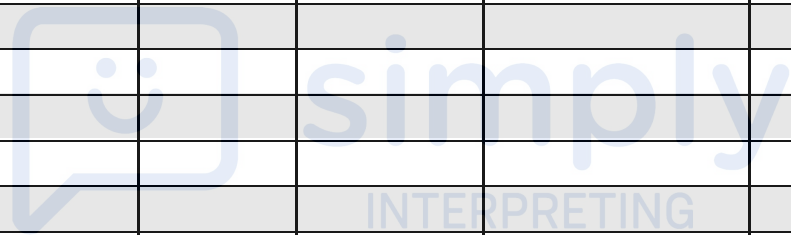
City

State

Zip

No.	Date	Patient's Name	Time-In	Time-Out	Outcome	Duration (1h 30 min)	Cost
1							
2							
3							
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No.	Date	Patient's Name	Time-In	Time-Out	Outcome	Duration (1h 30 min)	Cost
28							
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No.	Date	Patient's Name	Time-In	Time-Out	Outcome	Duration (1h 30 min)	Cost
71							
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109							
110							
					#assignments	#hours billed	#amount
<b>GRAND TOTAL</b>							

