



SAMPLE INVOICE

1. Fire Agency Name
2. Team Name & Number
3. Billed to:
Cal OES
3650 Schriever Ave
Mather, CA 95655
CSTI-fr-training@caloes.ca.gov
4. Invoice #:
5. Invoice Date:
6. For: Project/Service Name
(Example: Water Rescue Technician Training)
7. Contract #:

8. Description of Services:	Amount:
Class name, date, location, # of students	
9. Itemization of Costs:	
-Lodging	\$XX.XX
-Tuition	\$XX.XX
-Travel	\$XX.XX
-Course Materials	\$XX.XX
-Certificates	\$XX.XX
10. 3% Admin Fee	\$XX.XX
11. Total	\$XX.XX

12. Make checks payable to:
Team#/Fire Agency Name
13. Mail checks to:
Location and mailing address
14. If you have any questions concerning this invoice, contact:
Name | Phone | Email