FROM:

(include address & phone #)

INVOICE

INVOICE # _____
DATE: _____
PAY PERIOD: _____

REMIT TO:
Step by Step, Inc
Attn. Andrea
P.O. Box 11440
Charleston, WV 25339
304-414-4452

SITE/LOCATION :

DESCRIPTION	HOURS	RATE	AMOUNT
		TOTAL	

Contractors Signature _____ **Date** _____

Directors Approval: _____ **Date** _____