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Bill To:		Invoice Number:			:	
		Invoice Date:				
			PO Ref Number:			
			Due Date:			
Item Numbe	Item Description		Hours	Hourly Rate	Total Cost	
Numbe			Billed	Rate		
			e Total			
			Discount Advance Paic			
			oursements			
Subtotal			tal			
			Tax Type Tax Rate			
			Tax Amount			
			ice Total			
Payment Terms:						
Payment Instructions:						