

# Nurse / Company Name

Address Line 1 1(123) 456-7899  
Address Line 2 website@company.com  
City, State, ZIP your@email.com

## NURSE INVOICE

Bill To	Invoice #	Payment Terms	Amount Due
Patient Name	e.g., 00001	e.g., Net 14	\$ 103.00
Address Line 1			
Address Line 2			
City, State, ZIP	Invoice Date	Due Date	
	01/01/2025	01/14/2025	

Description	Hours	Rate (\$/hr)	Amount
Wound dressing	.5	\$ 30.00	\$ 15.00
Infusion therapy	2	\$ 40.00	\$ 80.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00

Payment Method(s): e.g., Cash, check, paypal	Subtotal	\$ 95.00
	Tax	\$ 8.00
Payment Link(s): e.g., www.samplepaymentlink.com/	Misc.	

Notes:	Amount Due	\$ 103.00
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