



BENEFITS INVOICE

Invoice No.

Date

Due Date

Billing Period

BILL TO

ACCOUNT DETAIL

Client Name

Account No.

Address

Contract Ref.

City, ST Zip

Payment Terms

Attn:

PO Number

SERVICE DESCRIPTION / BENEFIT PLAN	BILLING BASIS	VOLUME / QTY	UNIT RATE	AMOUNT
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Subtotal

Administrative Fees

Adjustments

Total Due

REMITTANCE INSTRUCTIONS & NOTES

AUTHORIZED REPRESENTATIVE

