

BENEFITS INVOICE

Invoice No. _____
Date _____
Billing Period _____
Due Date _____

CLIENT / EMPLOYER DETAILS

PROVIDER CONTACT INFO

BENEFITS ADMIN SERVICE DESCRIPTION	QTY/ HEADCOUNT	RATE (PEPW/FLAT)	TOTAL AMOUNT
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Subtotal _____
Tax / Adjustments _____
Total Due _____

Payment Terms & Notes

Authorized Signature