



Office Name: Office of State Publishing
Type of Service: D57-6410-OSP-Print Svcs.

Customer ID	Customer Name and Address
0TXXXX	

Invoice Date	Invoice ID
30-Oct-2020	0000009876543

Service Period: 03-2020 to 03-2020

Bill Line No.	Description	Quantity	Price/Rate	Amount
1	See Details Below	10.00	200.00	\$2,000.00

Bill Line Subtotal: \$ 2,000.00
TOTAL AMOUNT DUE: \$ 2,000.00

For questions concerning this invoice, please contact (800) 999-9999

Please return this portion with Payment

Send all Payment Remittance to the address below:

Payable To:	Department of General Services	Fund:	Service Revolving Fund
Mail To:	P.O. Box 989053 West Sacramento CA 95798-9053	Customer ID:	0TXXXX
		Customer Name:	
		Invoice No.:	0000009876543
		Invoice Date:	2020-10-30
		Please Pay:	\$ 2,000.00
		Amount Paid:	_____

For Credit card use only: Complete the information below indicating invoice(s) and amount(s). Remit to the address above.

Print Name as appears on card: _____	Authorized Signature: _____
Circle Type of Card: MC Visa Discoverer AMEX	Phone Number with area code(____) _____
Credit Card Number: _____	Expiration Date: _____