



INVOICE

Invoice Number:

Name:

Phone Number

Address:

Email Address

City, State, ZIP Code:

EIN or SS#:

DATE OF INVOICE:

BILLED TO:

YES For Early Success
1201 Pacific Avenue, Suite 649
Tacoma, Wa. 98402
office@yesforearlysuccess.org

INVOICE FOR NUTRITION SPECIALIST SERVICES

DESCRIPTION OF SERVICES

PERIOD COVERED

AMOUNT

INCLUDED TOTAL AMOUNT DUE:

Payment Terms:

Payment is process on the 10th of each month for monthly payment on the 15th per contract Payment Instructions (All Contractors will sign up through YES' ADP portal for secure/accurate payment).

Signature: _____

Nutritionist Specialist _____ Date Notes: _____

- Please contact me at _____ (phone number) or _____ (email address) if you have any questions regarding this invoice.
- This invoice is for services rendered as the Nutrition Specialist for YES For Early Success for the period of October 1 - October 31, 2024.