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| Examiner Name |  | **INVOICE** |
| Examiner Address |  |  |
|  | **INVOICE #** | **DATE** |
| Phone:  |  |  |
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| **BILL TO** |
| KAPNICK |
| INSURANCE GROUP |
| 333 INDUSTRIAL BLVD. |
| ADRIAN, MI |
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| **DESCRIPTION** |  | **AMOUNT** |
|   |  |   |
|  Client Name  |  |  |
|  SCREENING Date and Location  Number of hours (@$30/hour)Total MILEAGE: (subtract 20 miles from total then multiple by .65) |  |  |
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| *Thank you for your business!* |  | **TOTAL $**  |

If you have any questions about this invoice, please contact

[Name, Phone, email@address.com]