*Company Name (letterhead)*

**INVOICE**

Date: [*enter date*]

Invoice #: [*enter invoice #*]

To: Florida Department of Environmental Protection

Petroleum Restoration Program

Attention: PRP Accounting

2600 Blair Stone Road, MS 4500

Tallahassee, Florida 32399

|  |  |
| --- | --- |
| Description | Amount |
| Agreement Number |  |
| Facility Number, Name, AddressPeriod of ServiceDescription of what is being invoiced (deliverable/milestone per agreement)  |  |
|  |  |
|  |  |
|  |  | Total |  |

**[Your Company Name] [Street Address], [City, ST ZIP Code] Phone [000-000-0000] [e-mail]**