

**Make check or money order payable to FDACS**  
**Remit payment and invoice to:**



# INVOICE

Contact Name & Phone No.:

To:

Date:

Terms: Invoice due upon receipt.

Quantity	Description of Materials or Services	Unit Cost	Total
		<b>TOTAL DUE:</b>	

**State of Florida Agencies should journal transfer to:**

Account Code:

Object Code:

**Department Use Only**  
**Do Not Write in This Space**

(1) Org Code:	EO:	Object Code:	Amt:
(2) Org Code:	EO:	Object Code:	Amt:
(3) Org Code:	EO:	Object Code:	Amt:
(4) Org Code:	EO:	Object Code:	Amt: