

INVOICE

DATE: _____



7179 Jonesboro Rd. Suite 101
Morrow, Georgia 30260
TF: 866-960-2488
info@thepategroup.com

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

SS# or EIN# _____

*Refer a Friend and receive a Referral Bonus!!! (from \$50.00 to \$250.00 per person)
Call for details*

ALL PAYMENTS ARE MAILED

Fax invoice to The Pate Group: 770-968-4606

Services Performed:

Day	Date	Client Location	Time in	Time taken for Lunch Break	Time out	Total Hours
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

Signature: _____

Date: _____