|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company / EMS Name | | | | | Icon  Description automatically generated AMBULANCE  **INVOICE** | | |
| Your address line 1  Your address line 2  City, State, ZIP | 1(123) 456-7899  info@youremail.com  www.yourwebsite.com | | | |
|  | | | | | | | |
| Bill To | | Invoice # | | Payment Terms | | Amount Due | |
| Patient Name  Address line 1  Address line 2  City, State, ZIP | | e.g., 000000 | | e.g., Net 30 | | $988.00 | |
| Issue Date | | Due Date | |
| e.g., 01/01/2025 | | e.g., 01/30/2025 | |
|  | | | | | | | |
| Description | | | Qty / Miles | | Price / Rate | | Amount |
| Basic Life Support (BLS) | | | 1 | | $750.00 | | $750.00 |
| Mileage | | | 12 miles | | $15 / mile | | $180.00 |
|  | | |  | |  | |  |
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|  | | |  | |  | |  |
|  | | |  | |  | |  |
| Payment Method(s): e.g., Credit Card, Check | | | | | Subtotal | | $930.00 |
| Tax | | $58.00 |
| Payment Link(s): | | | | | Misc. | | - |
|  | |  |
| Notes: | | | | | **Amount Due** | | **$988.00** |
|  | |  |