

Contract No: _____

Posted: February 22, 2016

Appendix 4

Sample Invoice Form

Invoicing Entity Name

Invoicing Entity Street Address
Invoicing Entity City, State, Zipcode

Invoice Date:	TBD
Invoice Number:	TBD
Vendor ID:	TBD

To:	Illinois Power Agency
	160 N. LaSalle Street, Suite C-504
	Chicago, IL 60601
	312-814-3273 (office) 312-814-0926 (fax)

Contract Number	GATS/M-RETS UNIT ID	REC Delivery Contract Quarter	Quantity	Unit Price	Line Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total					\$

Make all checks payable to : [enter invoicing entity name]

Invoicing entity phone number: xxx-xxx-xxxx (office)

Email address: aaa@aaa.com