

SAMPLE INVOICE

(Your Company Name Here)

Invoice No. _____

INVOICE

Customer

Name Embedded Resource Group, Inc - Attn: Accts Payable
Address 3031 Tisch Way Suite 701
City San Jose State CA ZIP 95128
Phone 408 260-2600

10/25/2004

| Hours | Description | Rate | TOTAL |
|-------------------|-----------------|---------|-------------------|
| 40 | October 7 - 11 | \$50.00 | \$2,000.00 |
| 40 | October 14 - 18 | \$50.00 | \$2,000.00 |
| 40 | October 21 - 25 | \$50.00 | \$2,000.00 |
| Total hours = 120 | | | |
| TOTAL | | | \$6,000.00 |

Make Check Payable To

Your Company Name Here
Address
Phone number
Tax ID# 123-45-6789