



INVOICE

Invoice

9999999

Page Number: 1
 Date: MMMM, DD, YYYY
 Customer: Texas Workforce Commission
 Please Remit Payments To:
 Affiliated Computer Services
 P.O. Box 201322
 Dallas TX 75320-1322

Sold To: _____ Ship To: _____

Board Name

ATTN: Board Contact

Address

City, State Zip

Customer P.O.	Order #	Terms	Due Date

Item Number	Description	UM	Quantity	Unit Price	Amount
200100	Clients with Active Referral and swipe activity for billing cycle.	EA	9999	\$2.79	
200100	Value Add Enhancement Prorated for Board Quantity from Line Item 1.	EA			
200100	Value Add Additional POS request by Board and Approved by TWC	EA			Sum of Below
	Provider Name 1		1	\$8.50 or \$5.50	
	Provider Name 2		5	\$8.50 or \$5.50	
200100	Value Add Additional POS for over 50 referrals				
	Provider Name 1		2	\$8.50 or \$5.50	
200100	SLA Credit agreed to by ACS and TWC Prorated for Board Quantity from Line Item 1	EA			Sum of Below
	SLA violation 1				
	SLA violation 2				
	SLA violation 3				

Subtotal:	
Tax:	Exempt
Total:	