

Service Template

Vendor Logo	Vendor Address
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Continental Casualty Company (CNA)	
CNA Plaza Accounts Payable – 23 S P.O. Box 2944 Chicago, IL 60690-2944	Contract # <Contract #> Invoice # <Invoice #> Date <Invoice date> Service Period <Date range>
Attention <CNA Requester> Project <Project Name>	Cost Center <CNA Cost Center>

Description	Amount
<Project Description>	<Invoice Amount>
Total Amount Due	

Please make checks payable to <Vendor name>

Mail to
 <Vendor name>
 <Vendor address>

Details						
<u>Name</u>	<u>Position</u>	<u>From</u>	<u>To</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
<Resource name1	<Position>	<Start Date>	<End Date>	<# of Hours>	<Rate>	<Total>
<Resource name1	<Position>	<Start Date>	<End Date>	<# of Hours>	<Rate>	<Total>
<Resource name1	<Position>	<Start Date>	<End Date>	<# of Hours>	<Rate>	<Total>
<Resource name1	<Position>	<Start Date>	<End Date>	<# of Hours>	<Rate>	<Total>
<Resource name1	<Position>	<Start Date>	<End Date>	<# of Hours>	<Rate>	<Total>
<Travel Expenses>						

Goods Template

Vendor Logo

Vendor Address

Continental Casualty Company (CNA)

CNA Plaza
Accounts Payable – 235
P.O. Box 2944
Chicago, IL 60690-2944

Contract # <Contract #>
Order # <Order #>
Invoice # <Invoice #>
Date <Invoice date>
Service Period <Date range>

Attention <CNA Requester>
Project <Project Name>

Cost Center <CNA Cost Center>

Invoice For: (Maintenance / Equipment / Software)

Item#	Description	Quantity	Tax Amount	Net Amount
<Item#>	<Item Description>			Excluding Taxes
			Tax amount	<Non-Tax-amount>

Installed At: **Account Number**

Total Amount Due
<Invoice Amount>

Please make checks payable to <Vendor name>

Mail to
<Vendor name>
<Vendor address>