

VENDOR INFORMATION:

Vendor Name
Vendor Address
Vendor City, State, Zip

Vendor Contact Name
Vendor Phone Number

INVOICE NUMBER:

INVOICE DATE:

CUSTOMER INFORMATION:

CNA Accounts Payable – 23S
PO BOX 2944
Chicago, IL 60690-2944

CNA Contact Name
CNA Cost Center

INVOICE DESCRIPTION

Description of goods or services rendered

DOLLAR AMOUNT – Subtotal
Freight/Taxes as applicable
Total Amount

PAYMENT TERMS
DUE DATE

ADDITIONAL NOTES/COMMENTS

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Email invoice to Invoices@cna.com

Please note that Invoice must be in WORD OR PDF format only.