Windmill Courts

Date   _____

Name_____

Date	**Day**	**Hours**	**Work Performed**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours [   ]
Rate/Hour **$**
Total Due Hours X Rate [   ]

Please check one :
      Send a check [_____]
      Deduct from my Rent [_____]

Send this invoice to :   Jon Davidson
                        c/o Windmill Associates
                        PO Box # 48
                        Cazenovia, NY 13035

Copies of this form are available on the windmill web site.

jond@windmillcourts.com   315 655 9482   http://www.windmillcourts.com