



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: | |