

REDACTED ENTIRETY



14103 Stewart Road  
 Sumner, WA 98390 9641  
 (253)863 0484

Please Remit Payment to:

[REDACTED]  
 [REDACTED]  
 [REDACTED]

INVOICE

DATE	NUMBER
[REDACTED]	[REDACTED]

Page Number 1

BILL TO
Cascade Natural Gas 8113 W Grandridge Blvd Kennewick, WA 99336 7166

JOB INFORMATION
[REDACTED] [REDACTED] [REDACTED]

Customer PO	Work Completed	Payment Terms	Due Date	Customer Number	Contract Number	Job Number
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

BILLING PERIOD THROUGH - 10/31/2020

Description	Quantity	Rate	Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Customer Approval: _____ Date: ___/___/___	Invoice Gross	[REDACTED]
Company Approval: <i>Alicia Bigley</i> Date: <i>10/31/20</i>	Less Retention	[REDACTED]
	Subtotal	[REDACTED]
	Tax	[REDACTED]
	Invoice Total	[REDACTED]