State of Texas

Department of Information Resources

Texas.gov Services

Exhibit 4.1
Form of Invoice

DIR-ESS-TGOV-SVCS-254

Vendor Logo

XXX Corporation

Please direct inquiries and correspondence to:
XXX Corporation
Person's Name
Street Address
City, State and Zip Code

Invoice Number
XXXXXX

Invoice Date
xx/xx/xxxx

Phone Number
XXX.XXX.XXXX

Customer Number
XXXXXXXX

Invoice to:
State of Texas
Texas Department of Information Resources
Accounts Payable Department
PO Box 13564
Austin, TX 78711-3564
Attn: Delores Williams

Terms:
Payment due 30 days from receipt

Customer Reference:
Purchase Order # XXXXXX

Please Remit Wire Transfer Payment to:
XXX Corporation
Street Address
City, State and Zip Code
ABA Routing # XXXXXXXXX
Bank Account # XXXXXXXXXX

Comments:
Please reference the invoice number and customer number on your payment.

NOTE: This is a sample. The Enterprise invoice will be aligned with the final billing structure.

Sample

Agreement for Services

Master Services Agreement between the State of Texas, Acting by and through the Texas Department of Information Resources and XXX Company

Services for September 1-30, 2018

Portal Charges		Monthly Charge	Other Charges and Credits	Total Charge
Application Development - My Gov My Way Project	[redacted]			$ -
Application Development - DPS Over the Counter	[redacted]			$ -
Application Maintenance Fixed Fee - My Gov My Way	[redacted]			$ -
Application Maintenance Fixed Fee - DPS Over the Counter	[redacted]			$ -
Application Maintenance Fixed Fee - Existing Portfolio	[redacted]	$ -	$ -	$ -
Cross-Functional Services Fixed Fee	[redacted]			$ -
Outreach and Growth Services Fixed Fee	[redacted]			$ -
Outreach and Growth Revenue Share	[redacted]			$ -
DPS Device Management Charges	[redacted]			$ -
	[redacted]			$ -
Subtotal - Portal Charges	[redacted]	**$ -**	**$ -**	**$ -**

Services for September 1-30, 2018				
Payment Charges	[redacted]	**Monthly Charge**	**Other Charges and Credits**	**Total Charge**
Payment Processing Charges				$ -
				$ -
				$ -
				$ -
				$ -
Subtotal - Payment Charges		**$ -**	**$ -**	**$ -**
Other Charges		**Original Charge**	**Other Charges and Credits**	**Total Charge**
Transition Charges				$ -
Pass Through Charges				$ -
Rate Card Services				$ -
Subtotal - Other		**$ -**	**$ -**	**$ -**
Subtotal - Current Month Charges		**$ -**	**$ -**	**$ -**
Outstanding Accounts Receivable				
0-30 Days				
31-60 Days				
61-90 Days				
91-180 Days				
Over 180 Days				
Sub-Total		**$ -**	**$ -**	**$ -**
Balance Due - Please Pay This Amount		**$ -**	**$ -**	**$ -**

Customer Summary (Info Only)

Customer Name	Customer Number	Portal Charges	Payment Charges	Transition Charges	Pass Through Charges	Rate Card Services	Other Charges / (Credits)	Aging Accounts Receivable	Chargeback Total
									$ -
									$ -
									$ -

AD Detail

Customer	Customer Number	Service Proposal Number	Application Name	Charges	Other Charges and Credits	Chargeback Total
			My Government My Way Project			0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
		Total	0.00	0.00	0.00	0.00

Sample

AM Existing Portfolio Detail

Customer	Customer Number	Application Name	Charges	Other Charges and Credits	Chargeback Total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
	Total	0.00	0.00	0.00	0.00

Sample

Pass-Through Charges

Customer	Customer Number	Service Proposal Number	DIR Pass-Through Approval Number	Description	Charge	Other Charges and Credits	Chargeback Total
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
				Total	0.00	0.00	0.00

Sample

Rate Card Charges

Customer	Customer Number	Service Proposal Number	Charges	Other Charges and Credits	Chargeback Total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
		Total	0.00	0.00	0.00

Sample

Aged AR Summary

Aging	Amount
0-30 days	
31-60 days	
61-90 days	
91-180 days	
Over 180 days	
Total	-

Invoice Number	Month of Service	Invoice Date	Invoice Amount	Aged Days	Invoice Due Date	Invoice Days Late	Invoice Disputed	Invoice Balance Due	Paid Amount	Cumulative A/R Balance	Comments
						-					
						-					
						-					

Accounts Receivable Aged Invoice Detail

Customer	Customer Number	Invoice #	Invoice Date	Mo	Yr	Customer Dispute	Enterprise Dispute	Late Pay	Total Due
Total A/R > 30 days						-	-	-	-

Sample