INVOICE

DATE:

INVOICE #

**[COMPANY NAME]**

COMPANY SLOGAN

STREET ADDRESS

CITY, ST CODE

PHONE

BILL TO:

NAME

STREET ADDRESS FOR: PROJECT OF SERVICE

COMPANY NAME DESCRIPTION

CITY, ST ZIP CODE

PHONE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION** | **HOURS** | | **RATE** | **AMOUNT** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| SUBTOTAL | | $ |
| TAX RATE | |  |
| SALES TAX | |  |
| OTHER | |  |
| TOTAL | | $ |

MAKE ALL CHECKS PAYABLE TO YOUR COMPANY NAME

TOTAL DUE IN 15 DAYS, OVERDUE ACCOUNTS SUBJECT TO A SERVICE CHARGE OF 1% PER MONTH