INVOICE

From: _____
Street Address: _____
City, State, Country: _____
ZIP Code: _____
Phone: _____
E-mail: _____

Invoice # ___ Date: _____

Bill to

Name: _____
Street Address: _____
City, State, Country: _____
ZIP Code: _____

Description	Hours	$ / Hour	Amount
		Subtotal	
		Tax	
		TOTAL	

Payment is due within # ___ days.

Comments or Special Instructions: _____
_____

Thank you for your business!

OnlineInvoice.com