

# INVOICE

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Country: \_\_\_\_\_  
ZIP Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

Invoice # \_\_\_\_\_

Date: \_\_\_\_\_

## Bill to

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Country: \_\_\_\_\_  
ZIP Code: \_\_\_\_\_

### PRODUCTS

Quantity	Description	Unit Price	Amount
Total Products			

### LABOR

Hours	Description	\$ / Hour	Amount
Total Labor			

Subtotal

Sales Tax

**TOTAL**

Payment is due within # \_\_\_\_\_ days.

Comments or Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Thank you for your business!