[Company Name]

# INVOICE

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

Invoice # ___ Date: _____

**Bill to**

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

**Ship to**

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

**PRODUCTS**

| Description | Quantity | Unit Cost | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total Products | |

**LABOR**

| Description | Hours | Hourly Rate | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total Labor | |

| | |
|---|---|
| Subtotal | |
| Tax | |
| Shipping | |
| **TOTAL** | |

Payment is due within # ___ days.

Comments or Special Instructions: _____
_____

Thank you for your business!

OnlineInvoice.com