

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!