

INVOICE

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

Invoice # _____ Date: _____

Bill to	Ship to
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City, State, Country: _____	City, State, Country: _____
ZIP Code: _____	ZIP Code: _____

PRODUCTS

Quantity	Description	Unit Price	Amount
Total Products			

LABOR

Hours	Description	\$ / Hour	Amount
Total Labor			

Subtotal	
Sales Tax	
Shipping	
TOTAL	

Payment is due within # _____ days.

Comments or Special Instructions: _____

Thank you for your business!