**HOURLY INVOICE**

|  |  |  |
| --- | --- | --- |
| Bill From**[Name]****[Company Name]** **[Street Address]****[City, State,Zip Code]****[Phone]** | Bill To**[Name]****[Company Name]** **[Street Address]****[City, State,Zip Code]****[Phone]** | Invoice No.: #00000001Invoice Date: **[Date]**Due Date: **[Date]** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Hours** | **Rate** | **Total** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Subtotal |  |
| Deduction  | - |
| **Total** |  |

**Terms and Conditions**

Thank you for your business. Please send payment within \_\_\_\_\_\_ days of receiving this invoice. There will be a \_\_\_\_\_\_% per \_\_\_\_\_\_ on late invoices.

**Please Choose a Payment Type**

Credit Card

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account/CC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **SIGNATURE** |  | **DATE** |