|  |  |
| --- | --- |
| Company Name Your Company Slogan Street Address  City, ST ZIP Code  Phone: Enter phone Fax: Enter fax | INVOICE Invoice #Number  Date: Enter date |
| To: Customer Name  Company Name  Street Address  City, ST ZIP Code | For: Project or service description  P.O. Number |

|  |  |  |  |
| --- | --- | --- | --- |
| DESCRIPTION | HOURS | RATE | AMOUNT |
| Enter description 1 | Hours | Rate | Amount |
| Enter description 2 | Hours | Rate | Amount |
| Enter description 3 | Hours | Rate | Amount |
| Enter description 4 | Hours | Rate | Amount |
| Enter description 5 | Hours | Rate | Amount |
| Enter description 6 | Hours | Rate | Amount |
| Enter description 7 | Hours | Rate | Amount |
| Enter description 8 | Hours | Rate | Amount |
| Enter description 9 | Hours | Rate | Amount |
| Enter description 10 | Hours | Rate | Amount |
| Enter description 11 | Hours | Rate | Amount |
| Enter description 12 | Hours | Rate | Amount |
| Enter description 13 | Hours | Rate | Amount |
| Enter description 14 | Hours | Rate | Amount |
| Enter description 15 | Hours | Rate | Amount |
| Enter description 16 | Hours | Rate | Amount |
| Enter description 17 | Hours | Rate | Amount |

|  |  |
| --- | --- |
| TOTAL | Amount |

Make all checks payable to Company Name

Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

Thank you for your business!