|  |  |
| --- | --- |
| Your Company NameINVOICE / \_\_/\_\_/\_\_ | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | BALANCE DUEUpon Receipt$0.00 |

Notes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Item Description | Quantity | Price Per | Total |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal | $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Tax - 0% | $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | TOTAL | $\_\_\_\_\_\_\_\_\_\_\_\_ |