

COMPANY NAME

Your slogan (if any

[Street Address] [City ST ZIP Code] Phone [509555.0190] Fax [509555.0191]

INVOICE TO:

[Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] INVOICE #[100]

DATE: SEPTEMBER 7, 2016

JOB DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Wedding pictures, June 16, 2016 Use this space to provide an extra description of your services, if required.	25	\$20	\$500
Job 2 Use this space to provide an extra description of your services, if required,	10	\$20	\$200
		SUBTOTAL	\$700
Please make all checks payable to (Your Compan Payment is due within 30 days. If you have any questions concerning this invoice.		SUBTOTAL SALES TAX 10%	\$700 \$70
Please make all checks payable to [Your Compan Payment is due within 30 days. If you have any questions concerning this invoice. [Name, phone number, e-mail] Thank you far your business.		NACHARAM AND	(%)

