[Your Company Name]

[Your Company Slagan]

[Stroot Address]

[City, ST ZIP Code]. Phone [(509) 555-0190] Fax [(509) 555-0191]

> :OT [Name] [Company Name] [Street Address] [City, ST ZIP Code] (Phone)

INVOICE

DATE: OCTODER 9, 2011

INVOICE #[100]

FOR: [Project or service description] [2.0.4]

AMOUNT	RATE	NAMOH	DESCRIPTION	
and the second				

Make all checks payable to [Your Company Name] Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

Thank you for your business!