INVOICE

647-444-1234 your@email.com yourwebsite.com 1 Your Address City, State, Country ZIP CODE

Billed To

Client Name
1 Client Address
City, State, Country
ZIP CODE

Invoice Number

000000

Date Of Issue 10/07/14 Invoice Total

\$4520.00

Unit Cost	Qty / Hr Rate	Amount
\$1000	1	1000
\$1000	1	1000
\$1000	1	1000
\$1000	1	1000
	\$1000 \$1000 \$1000	\$1000 1 \$1000 1 \$1000 1