

DJ INVOICE

SIT From Name: Company Name: Street Address Sity, ST ZIP Code: Phone:	Bill To Name: Company Name: Street Address: City, ST ZIP Code: Phone:	Invoice Date:	e:
Description/Event	Quantity	// Hours Price (\$)	Total (\$)
		Subto	tal
		Sales 1	ax
		Oth	er
		То	tal

Terms and Conditions

Thank you for your business. Please send payment within _____ days of receiving this invoice. There will be a ______ % per _____ on late invoices.