

[Your Company Name]

[Your Company (Optional)]

[Street Address]

[City, ST ZIP Code]

Phone [(500) 555-0000] Fax [(500) 555-0000]

TO:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

FROM:

[Project or Service Description]

[P.O. #]

INVOICE

INVOICE # [0000]

DATE: OCTOBER 5, 2011

DATE DESCRIPTION	QUANTITY	UNIT	AMOUNT
TOTAL			

Make all checks payable to [Your Company Name]

Total due in 30 days. Graphic accounts subject to a service charge of 1% per month.

Thank you for your business!