

INVOICE

From:

Company:

Street Address:

City, State Zip

To:

Invoice To:

Company:

Street Address:

City, State Zip

To:

Invoice ID:

1

Issue Date:

Due Date:

Terms:

Net 30 days

Due upon receipt

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Design	10.00	\$100.00	\$1,000.00

TOTAL \$1,000.00

TAX RATE

TAX

AMOUNT DUE

Notes