

[Company Name]

(Company Stogan)

[1 dy, - 202]

Phone: | 000-000-0000

Fax: foco coc ucuc'

(Stress Address)

[Name Here] [company Name1

Stress Address (Lity, - 200]

[Fhore]

[Service Foe]

Laboris hours at \$75/hrj Darts]

1. pilal payment again 30 days

2. Please include the invoice number of your speck.

DATE: INVOICE

Customer III

7101-1

5/18/2011 [123456]

730.00 375.00 -4" .0.1

Subtotal 950.0C 345.00 Tayable Tay rate 6.250% Tax dile 21.55 5 Other TOTAL DUE 971.56

Make all checks payable to [Your Company Name]

If you have any goestions about this mvoice, please contact. Name, Phone F. E-maill

Thank You For Your Dusiness!

Free Invoice Template