## [Your Company Name]

[Your Company Slogan]

[Street Address] [Cliv, ST 7TP Code] Phone [(509) 555-0190] Fax [(509) 555-0191] INVOICE

INVOICE ((100) DATE: OCTOBER 9, 2011

TO: [Name] [Company Name] [Street Address] [City, ST ZIP Code]

(Phone)

**FOR:** [Project or service description] [P.O. σ]

DESCRIPTION	HOURS	RATE	AMOUNT
	- 10 0	FOTAL	

Make all checks payable to [Your Company Name]. Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

Thank you for your business!