

INVOICE

From: Company
Street Address
City, State Zip
Tel #

Invoice For: Company
Street Address
City, State Zip
Tel #

Invoice ID 1
Issue Date
Due Date
Terms Due upon receipt

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

Subtotal	\$1,000.00
Tax Rate	
Tax	
AMOUNT DUE	

Notes