SERVICES INVOICE

INVOICE NO.	DATE
CUSTOMER ID	TERMS

BILL TO

SHIP TO

DESCRIPTION	HOURS	RATE	TOTAL

Remarks / Instructions:

	SUBTOTAL	
enter total amount	**DISCOUNT**	
	SUBTOTAL LESS DISCOUNT	
enter percentage	**TAX RATE**	
	TOTAL TAX	
	OTHER	
	TOTAL	

Please make check payable to

THANK YOU

For questions concerning this invoice, please contact