

Your Company Name

Your Company Slogan

replace with
LOGO

Street Address

City, ST ZIP Code

Phone:

Fax:

INVOICE

Date: Enter invoice date in this cell

Invoice #: 100

For: Project or Service Description

Bill To: Name
Company Name
Street Address
City, ST ZIP Code
Phone:

DESCRIPTION	AMOUNT
Item #1	\$100,00
Item #2	\$110,00
Item #3	\$120,00
Item #4	\$130,00
Item #5	\$140,00
Item #6	\$150,00
Item #7	\$160,00
Item #8	\$170,00
Item #9	\$180,00
Item #10	\$190,00

	SUBTOTAL	\$1 450,00
	TAX RATE	8,60%
Make all checks payable to Your Company Name. If you have any questions concerning this invoice, contact Name, Phone Number, Email	SALES TAX	\$124,70
	OTHER	\$0,00
THANK YOU FOR YOUR BUSINESS!	TOTAL	\$1 574,70