## **Company Name**

Company Slogan

Street Address City, ST ZIP Code Telephone Fax INVOICE #000

DATE

**INVOICE** 

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

Name dress

Telephone

Description	Hours	Amount
Revision 1.0 Log in and maintain personal information	11	330
Revision 2.0 Expense Claim Form	26.5	795
Revision 3.0 Time Sheet Form	44	1320
Revision 4.0 Vacation Request	5	150
Revision 5.0 Overtime Request	4	120
Revision 6.0 Maintenance Info	20	600
Revision 7.0 Miscellaneous	6	180
	·	3495

FOR:

P.O. # A24

Project service or description

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

**THANK YOU FOR YOUR BUSINESS!**