|  |
| --- |
| Invoice |
| Date: |  |  |  Due Date: |  |
| Invoice #: |  |  |  Payment Terms: |  |
|  |  |
| **From:** | **Bill To:** |
| [Name/Company Name] | [Client's Name/Company Name] |
| [Address Line 1] | [Address Line 1] |
| [Address Line 2] | [Address Line 2] |
| [City], [State], [Zip Code] | [City], [State], [Zip Code] |
| [Phone] | [Phone] |
|  |  |  |  |
| Material Description  | Quantity  | Cost Per Item | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Materials Tax Rate:*  |  | *Materials Total:* |  |
|  Labor Description  | Hours | Rate/Hour | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Labor Tax Rate:* |  | *Labor Total:* |  |
|  |  |  |  |
| **Notes:** |  | Subtotal: |  |
|  |  | Shipping: |  |
|  |  | Total Tax: |  |
|  |  | **Invoice Total:** |  |
| Thank you for your business! |