|  |
| --- |
| **INVOICE**  |
| Date:  |  | Invoice #:  |
| **Bill To:**  |  | **Ship To:** |
| [Client's 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] |
|  |  |  |
| Description  | Quantity | Unit Price | Amount |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  | Tax Rate: |  | Shipping: |  | Subtotal: |  |
|  |  |  |  |  | Sales Tax: |  |
|  |  |  | Miscellaneous: |  |
|  |  |  |  |  |
|  |  |  | **Invoice Total:** |  |
|  |  |  |
| *Comments or Special Instructions:*  |
|  |
|  |
|  |
|  |
| *If you have any concerns regarding this invoice, please contact* |
| *[Name, Phone #, E-mail]* |
| *THANK YOU FOR YOUR BUSINESS!* |

