Invoice

Date:

Invoice #:

From:
[Your Name or Company Name]
[Address Line 1]
[Address Line 2]
[City], [State], [Zip Code]

Bill To:
[Client's Name or Company Name]
[Address Line 1]
[Address Line 2]
[City], [State], [Zip Code]

Description	Hours	Rate/Hour	Total
		Subtotal:	
Please enter tax rate in decimal format. Example: 0.10 for 10%, 0.05 for 5%. Tax Rate:			Tax:
Payment Terms:	Net 30	**Total Amount Due:**	

Terms and Conditions

Total payment must be completed within 30 days.
Thank you for your business!

Send Payment To:
[Name]
[Bank Name]
[Payment Details]
[Other Info]

powered by
GeneralBlue