

Invoice

Date	Invoice #

From:

Bill To:

Labor Description	Hours	Rate/Hour	Total

Labor Tax Rate: _____

Labor Total: _____

Material Description	Quantity	Cost Per Item	Total

Materials Tax Rate: _____

Materials Total: _____

Shipping: _____
 Payment Terms: _____
 Due Date: _____

Subtotal: _____
 Total Tax: _____
Invoice Total: _____

Thank you for your business!

