

Company Name

Address Line 1
Address Line 2
City, State ZIP
Phone: (000) 000-0000
Email: info@company.com

Proforma Invoice

Quotation No.: _____
Date: _____
Valid Until: _____

Bill To:

Client Name
Client Address Line 1
Client Address Line 2
City, State ZIP
Phone: _____
Email: _____

#	Description of Service	Quantity	Unit Price	Total
1	Service Item 1	—	—	—
2	Service Item 2	—	—	—

Subtotal _____
Tax (%) _____
Grand Total _____

Terms & Conditions

- Payment due within ____ days from date of invoice.
- Services will commence upon receipt of payment.
- This is a proforma invoice, not a tax invoice.
- Other terms and conditions as agreed.

For questions regarding this quotation, please contact [Contact Name], [Contact Email], [Contact Phone].

Authorized Signature: _____ Date: _____