

Contractor

Company/Name:

Address:

Phone:

Email:

Invoice

Invoice #:

Date:

Due Date:

Billed To

Client Name / Company:

Address:

Phone:

Email:

Description of Services

Service Description	Quantity	Rate	Amount
Sample service description			
		Subtotal	
		Tax	
		Total	

Notes / Terms:

Payment due within ___ days. Thank you for your business.

Signature

Date: