

Work Order Invoice

Service Provider

Company Name: _____

Address: _____

Phone: _____

Email: _____

Customer

Name: _____

Address: _____

Phone: _____

Email: _____

Details

Invoice #: _____

Date: _____ / _____ / _____

Work Order #: _____

Service Details

#	Description	Date	Hours	Rate	Amount
1	_____	_____/_____/	____	____	____
2	_____	_____/_____/	____	____	____
3	_____	_____/_____/	____	____	____

Subtotal _____

Tax _____

Total _____

Amount Paid _____

Balance Due _____

Notes

Authorized Signature

Client Signature