

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