

Company Name

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

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

Bill From:
Your Name / Business
Address Line 1
Address Line 2
City, State ZIP

Bill To:
Client Name
Address Line 1
Address Line 2
City, State ZIP

Date	Description	Hours	Rate	Amount

Subtotal _____
Tax _____
Total _____

Payment Terms: Payment due within 30 days.
Thank you for your business!