

# INVOICE RECEIPT

From

Your NameYour Business Name (optional)AddressEmail / Phone

Bill To

Client NameCompany (optional)AddressEmail / Phone

Invoice #

e.g. 0056

Date

Due Date

## Invoice Items

| Description  | Qty                  | Unit Price                        | Amount                            |
|--|----------------------|-----------------------------------|-----------------------------------|
| <input type="text" value="Service/Product Description"/> | <input type="text"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| <input type="text" value="Service/Product Description"/> | <input type="text"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| <input type="text" value="Service/Product Description"/> | <input type="text"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |

Notes

Subtotal

0.00

Tax

0.00

Total

0.00

Amount  
Paid

0.00

Balance  
Due

0.00

Additional notes to client

