

# Service Invoice Receipt

Invoice No.

Date

Due Date

## From

Service Provider

Name Address Phone / Email

## To

Client

Name Address Phone / Email

## Service Details

Description of Service	Quantity	Unit Price	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal	<input type="text"/>
Tax	<input type="text"/>
Total	<input type="text"/>

Notes / Terms



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Authorized Signature

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Client Signature