

Plain Invoice & Receipt Form

Invoice No.

Date

Due Date

From (Your Name/Company)

Address

Phone/Email

To (Customer Name)

Address

Phone/Email

Items / Services

Description	Qty	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

Tax

Total

Amount
Paid

Amount
Due

Notes / Terms

Authorized Signature:

Date: