INVOICE

FROM

Business name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

BILL TO

Name _____ Phone / email _____

Address _____

SERVICES

Date	Service	Hours	Rate	Amount

HOW TO PAY

Accepted methods _____

Make checks payable to _____

Bank details _____

Payment reference _____

Subtotal	
Sales tax, if applicable (_____%)	
Amount due	

Thank you for your business.