

Invoice

Date: _____

Invoice #: _____

From:

[Name/Company Name]

[Address Line 1]

[Address Line 2]

[City], [State], [Zip Code]

[Phone]

Bill To:

[Client's Name/Company Name]

[Address Line 1]

[Address Line 2]

[City], [State], [Zip Code]

[Phone]

Totals		
Material	Labor	Invoice Total

Material Description	Quantity	Cost Per Item	Total

Materials Total:

Labor Description	Hours	Rate/Hour	Total

Tax Rate:

Labor Total:

Total Tax: _____

Subtotal:

Payment Terms: _____

Invoice Total: