

# INVOICE

From:

Company  
Street Address  
City, State Zip  
Tel #

Invoice For: Company  
Street Address  
City, State Zip  
Tel #

Invoice ID 1  
Issue Date  
Due Date  
Terms Due upon receipt

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Design	10.00	\$100.00	\$1,000.00

SUBTOTAL	\$1,000.00
TAX RATE	
TAX	
AMOUNT DUE	

Notes