

PROJECT NAME

COMPANY NAME
Street Address
City, State and Zip
Email address
webaddress.com

DATE		INVOICE NO.		CUSTOMER ID NO.	
00/00/0000					
TERMS					
BILL TO			SHIP TO		
NAME / DEPARTMENT			NAME / DEPARTMENT		
Address			Address		
Address			Address		
City, State and Zip			City, State and Zip		
Phone			Phone		
Email			Email		

DESCRIPTION	HOURS	RATE	TOTAL
		SUBTOTAL	
	enter total amount	DISCOUNT	
		SUBTOTAL LESS DISCOUNT	
	enter percentage	TAX RATE	
		TOTAL TAX	
		OTHER	
		TOTAL	

REMARKS / INSTRUCTIONS:

Please make check payable to: Your Company Name.

THANK YOU

For questions concerning this invoice, please contact
NAME, (321) 456-7890, EMAIL ADDRESS
www.yourwebaddress.com