

Invoice



Invoice No: _____ Invoice Date: _____ Due Date: _____

Bill From:

Company Name: _____
 Company Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____

Bill To:

Client Name: _____
 Address: _____
 City/State/Zip: _____
 Customer Phone: _____
 Customer Email: _____

Description of service or materials	Service/hrs.	Price (\$)	Total (\$)

Subtotal	
Sales Tax	
Discount	
Total	

Customer Name

Customer Signature

Date

Technician Name

Technician Signature

Date

Thank you for your business. Please send payment within _____ days of receiving this invoice.
 There will be a _____% per _____ on late invoices.

