[Your company name]
[Street address] · [City, State ZIP]
[Phone] · [Email] · [Website]
License # [License #]

Invoice

Invoice # _____
Invoice date _____
Due date _____

BILL TO

Name _____
Address _____
Phone / email _____

PROJECT

Project _____
Address _____
Contract # _____

CHARGES

DESCRIPTION	QTY	RATE	AMOUNT

PAYMENTS RECEIVED

DATE	METHOD	CHECK / REF #	AMOUNT

Subtotal	$
Tax rate	%
Tax	$
Total	**$**
Payments received	$
Balance due	**$**

HOW TO PAY

Make checks payable to:

_____

Other payment instructions

_____

Payment terms _____

Thank you for your business. Questions about this invoice? Call or email us at the number above.