**[Your Company Name]**

**INVOICE**

|  |  |
| --- | --- |
| [**Street Address**] | INVOICE: **#[100]** |
| [**City, ST ZIP Code**] | DATE:  |
| Phone: [**(405)555-0190**] |  |
| Fax: [**(405)555-0191**] |  |

|  |  |
| --- | --- |
| **TO:** | **FOR:** |
| [**Name**] | [**Project or Service Description**] |
| [**Company Name**] | [**P.O. #**] |
| [**Street Address**]  |  |
| [**City, ST ZIP Code**] |  |
| [**Phone**] |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **HOURS** | **RATE** | **AMOUNT** |
|   |   |  |  |
|  |  | **TOTAL** |   |

Make all checks payable to [Your Company Name]

Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

**Thank you for your business!**

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