## INVOICE

## Company Name

BILL TO	Name:	INVOICE TOTAL
Invoice Number:	Street:	
Date:	City, State, Country:	
Customer ID:	Phone:	

## PRODUCTS

Quantity	Description	Unit Price	Amount
		Total Products	

## LABOR

Hour	Description	\$ / Hour	Amount
Comments or Special Instructions:		Total Labor	
		Subtotal	
		Sales Tax	
Payment is due	within # of days.	TOTAL	