

# INVOICE

Street:	Phone:
City, State, ZIP Code:	Email:
Fax:	Website:

## Bill To:

Invoice Number:	Name:
Date:	Street:
Phone:	City, State, ZIP Code:

Description	Hours	\$ / Hour	Amount

Comments or Special Instructions:	Total Labor	
	Sales Tax	
Payment is due within # ____ of days.	<b>TOTAL</b>	