**Company Name Here**

**INVOICE**

*Company Street*

*City, State, ZIP Code*

*Company Email*

*Company Phone*

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quantity | Item # | Description | Unit Price | Amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Comments or Special Instructions: |  | Total Labor |  |
|  | Sales Tax |  |
| **TOTAL** |  |
| Payment is due within # \_\_\_ of days. |

*FAX Number*

**Bill To:**

*Company Website*