

INVOICE



BILL TO

Name: _____

Invoice Number: _____

Street: _____

Date Issued: _____

City, State, ZIP: _____

Due Date: _____

Phone: _____

INVOICE TOTAL

PARTS

Quantity	Part Description	Unit Price	Amount
		Total Products	

LABOR

Hour	Description	\$ / Hour	Amount
		Total Labor	
		Subtotal	
		Sales Tax	
		TOTAL	

Payment is due within # ____ of days.

Comments or Special Instructions: _____