

# INVOICE



## BILL TO

Name: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Street: \_\_\_\_\_

Date Issued: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Due Date: \_\_\_\_\_

Phone: \_\_\_\_\_

## INVOICE TOTAL

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## PARTS

Quantity	Part Description	Unit Price	Amount
<b>Total Products</b>			

## LABOR

Hour	Description	\$ / Hour	Amount
<b>Total Labor</b>			
<b>Subtotal</b>			
<b>Sales Tax</b>			

Payment is due within # \_\_\_\_\_ of days.

Comments or Special Instructions: \_\_\_\_\_

**TOTAL**