

# PROFORMA INVOICE

## BILL TO

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

ESTIMATE TOTAL:

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

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

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

City, State, Country: \_\_\_\_\_

Customer ID: \_\_\_\_\_

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

## PRODUCTS

Quantity	Description	Unit Price	Amount
		Estimated. Shipping	
		Total Products	

## LABOR

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