

**SERVICE INVOICE**

**Company Name**

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

**Bill To:**

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

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| --- | --- | --- | --- |
| Description | Hours | $ / Hour | Amount |
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| Comments or Special Instructions: | | Total Labor |  |
| Sales Tax |  |
| Payment is due within # of days. | | **TOTAL** |  |