

DRY CLEANING INVOICE



Company Name

Street:	Company Phone:
City, State, ZIP Code:	Company Email:
Fax #:	Website:

Bill To:

Invoice Number:	Name:
Email:	Street:
Phone:	City, State, ZIP Code:

Services

DESCRIPTION	HOURS	RATE (\$/HR)	AMOUNT
Notes:		SUBTOTAL	
		DISCOUNT	
		SALES TAX (%)	
		TOTAL	
Payment is due on: ____ / ____ / ____			