

BILL TO Invoice Number: Date:		Name: Street: City, State, Country:		INVOICE TOTAL	
Customer ID:		Phone:			
PARTS USED					
Quantity		Description	Unit F	Price	Amount
			Total	Dorto	
LABOR				-aris	
Hour			\$ / H	\$ / Hour	
					Amount
			Total L	abor	
			Subt		
-	141 1 11		Sales		
Payment is due within # of days.				AL	
Comments or Special Instructions:					