

CELL PHONE REPAIR

INVOICE

Bill To	Invoice #	Payment Terms	Amount Due
_____	_____	_____	
_____	Invoice Date	Due Date	
_____	_____	_____	

Description	Qty / Hrs	Price / Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Method(s): _____

Subtotal

Tax

Payment Link(s): _____

Misc.

Notes:

Amount Due

