

HAIR STYLIST INVOICE



COMPANY

Name: _____
 Address: _____

 Phone #: _____
 Email Address: _____

BILL TO

Name: _____
 Address: _____

 Phone #: _____
 Email Address: _____

DETAILS

Invoice #	_____
Date	_____
Stylist Name	_____
Appt. Time	_____

SERVICE / PRODUCT DESCRIPTION	HRS / QTY	RATE / FEE	TOTAL

SUBTOTAL	_____
TAX	_____
MISC.	_____
BALANCE DUE	_____

NOTES: