HANDYMAN SERVICES

[Business Name]
[Street Address]
[Phone] | [Email]
[License #]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name/Company]
[Attention To]
[Billing Address]
[City, State, Zip]

SERVICE LOCATION:

[Facility/Site Name]
[Street Address]
[City, State, Zip]

Description of Work / Materials	Qty/Hrs	Rate	Amount

Description of Work / Materials	Qty/Hrs	Rate	Amount

Subtotal: $0.00
Tax/Fees: $0.00

Total: $0.00

Notes / Payment Instructions:

Please make checks payable to [Business Name].
Late payments may be subject to a fee of [Percentage]% per month.