INVOICE

[Business Name]
[License #]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Address]
[Phone]

PROJECT SITE:

[Job Address / Description]

Labor Description	Hours	Rate	Amount
Materials / Reimbursables			**Amount**

Subtotal: $_____
Tax: $_____

Total Due: $_____

NOTES & PAYMENT INSTRUCTIONS

Check Payable to: _____

Thank you for your business. Please contact us with any questions regarding this invoice.