INVOICE

[Your Name / Business Name]
[Street Address]
[City, State, Zip]
[Email / Phone]

Invoice #: [001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Company]
[Street Address]
[City, State, Zip]

Description of Services	Hours	Hourly Rate	Amount
[Project Name / Task Description]	0.00	$0.00	$0.00
[Project Name / Task Description]	0.00	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to: **[Your Name]**
Bank Transfer: [Bank Name] | Account: [Number] | Sort/Routing: [Number]

Thank you for your business!