

INVOICE

Enterprise Service Solutions
123 Business Way, Suite 500
corporate@example.com

Invoice #: _____
Date: _____
PO #: _____

Bill To:

Service Period:

Start: _____
End: _____

SERVICE DESCRIPTION	QTY/HOURS	RATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: \$ _____
Tax (___%): \$ _____

Total Due: \$ _____

Payment Terms: Net 30. Please include invoice number with remittance.

Bank Details: SWIFT: _____ | Account: _____