

# INVOICE

[Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

**Bill To:**  
[Client Name]  
[Client Address]  
[City, State, Zip]

**Site Location:**  
[Installation Address]  
[Site Contact Name]  
[Project Reference]

Equipment / Service Description	Qty	Unit Price	Amount
[Model/Part #] Replacement IP Phone			
[Model/Part #] Replacement Gateway/PBX			
Patch Cables / Mounting Hardware			
Installation & Configuration Labor			
Decommissioning/Recycling Fee (Old Units)			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Total Due: \$ \_\_\_\_\_**

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**Payment Terms:** [Net 30/Due on Receipt]

**Notes:** All replaced equipment is subject to manufacturer warranty terms. Please include the invoice number on your check or wire transfer.