IT SERVICES INVOICE

[Your Company Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Due Date: _____

Client:

[Client Name]
[Client Address]
[Contact Person]

Project / Contract:

[Reference Number / Name]
Period: [Start Date] - [End Date]

Date	Description of IT Support / Task	Hours	Rate	Total

Subtotal: $_____

Tax / VAT: $_____

Grand Total: $_____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: [Insert specialized IT equipment costs or travel expenses if applicable.]