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

INVOICE

No: #_____
Date: _____

BILL TO:
[Client Name]
[Client Company]
[Client Address]
PAYMENT TERMS:
Due Date: _____
Method: [Check / Wire / CC]

Description of Services	Hours/Qty	Rate	Amount
[Technical Consultation / Development / Setup]	0.00	$0.00	$0.00
[Software Implementation / Support]	0.00	$0.00	$0.00
[Miscellaneous / Licensing]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total: $0.00

Notes:
Please include the invoice number on your payment. Thank you for your business.