INVOICE

[Contractor Business Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [License #]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Client:
[Client Name]
[Project Address]
[City, State, Zip]
Project Description:
[e.g., Kitchen Remodel / Deck Repair]

Description of Work / Materials	Qty/Hrs	Rate	Amount
[Service/Labor Item Name]	0	$0.00	$0.00
[Materials/Parts Description]	0	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Payment Terms: [e.g., Due upon receipt / Net 30]

Notes: Thank you for your business. Please make checks payable to [Business Name].