

INVOICE

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

INVOICE NUMBER #001
DATE [MM/DD/YYYY]
DUE DATE [MM/DD/YYYY]

BILL TO [Client Name]
[Client Company]
[Client Address]
[City, State, Zip]
PROJECT / REFERENCE [Project Name or PO Number]

Description	Hours	Hourly Rate	Amount
[Service Description Line 1]	0.00	\$0.00	\$0.00
[Service Description Line 2]	0.00	\$0.00	\$0.00
[Service Description Line 3]	0.00	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Contractor Name].
Bank Transfer: [Account Details / Routing Number]

Thank you for your business!