INVOICE

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

INVOICE #
001

DATE
[Date]

BILL TO

[Client Name/Company]
[Client Address]
[City, State, Zip]

PROJECT/PO

[Project Name or Number]

Description of Service	Hours/Qty	Rate	Amount
[Service Description]	0.00	$0.00	$0.00
[Service Description]	0.00	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Due $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Contractor Name]**.
For Bank Transfer: [Bank Name] | Acc: [Number] | Routing: [Number]
Due Date: [Net 15/30/Upon Receipt]