

# Basic Invoice Form

**Invoice Date:**

**Bill To:**

<input type="text" value="Client Name"/>
<input type="text" value="Client Address"/>
<input type="text" value="City, State ZIP"/>

**From:**

<input type="text" value="Your Name or Company"/>
<input type="text" value="Your Address"/>
<input type="text" value="City, State ZIP"/>

Description of Work	Hours Worked	Hourly Rate	Total
<input type="text" value="E.g. Web Design"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>
<input type="text" value="E.g. Consulting"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>
<b>Total</b>			<input type="text" value="\$0.00"/>

*Thank you for your business!*