

Basic Invoice Form

Invoice Date:

Bill To:

From:

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"/>
Total			<input type="text" value="\$0.00"/>

Thank you for your business!