

Blank Service Invoice Form

Date: _____

Contractor Information		Client Information	
Name:	_____	Name:	_____
Company:	_____	Company:	_____
Address:	_____	Address:	_____
Phone:	_____	Phone:	_____
Email:	_____	Email:	_____

Service Description	Date(s)	Hours/Qty	Rate	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Subtotal				_____
Tax				_____
Total Due				_____

Payment Terms: _____

Notes: _____

Contractor Signature: _____ Date: _____

Client Signature: _____ Date: _____