

# Payable Invoice Form

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

**Bill To:**

Client Name: \_\_\_\_\_  
Client Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Invoice Details:**

Description	Quantity	Unit Price	Amount

Subtotal: \$ \_\_\_\_\_

Tax (if any): \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

**Payment Terms:**

\_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your business!