

# Supplier Invoice

For Service Providers

<b>Supplier Information:</b> Company Name: _____ Address: _____ City, State, ZIP: _____ Contact Person: _____ Email: _____ Phone: _____	<b>Invoice Details:</b> Invoice No.: _____ Invoice Date: ____/____/____ Due Date: ____/____/____ Client Name: _____ Client Address: _____
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## Service Description

#	Service Description	Date	Hours/Qty	Rate	Amount
1	_____	____/____/____	_____	_____	_____
2	_____	____/____/____	_____	_____	_____

Subtotal:	_____
Tax (%):	_____
<b>Total Amount Due:</b>	_____

## Payment Terms

- Payment is due within \_\_\_\_\_ days from the invoice date.
- Accepted payment methods: \_\_\_\_\_
- Bank or payment details: \_\_\_\_\_

Thank you for your business. Please contact us if you have any questions regarding this invoice.