INVOICE

Date: _____
Invoice #: _____

From:
_____
_____
_____

Bill To:
_____
_____
_____

Service Description	Quantity	Unit Price	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Subtotal	_____
		Tax	_____
		Total	_____

Notes / Terms:
_____
_____