Payable Invoice Form

Company Name:	**Invoice #:** 0001
Your Company Name	**Date:**
Billed To:	**Due Date:**
Client Name	

Description	Quantity	Unit Price	Amount
Service/Product			
Service/Product			
		Total	

Payment Terms: e.g., 30 days, bank transfer

Notes: Thank you for your business!

This sample invoice form is designed for the billing needs and financial management of small companies.