|  |  |  |
| --- | --- | --- |
| Invoice | Date: | [Enter Date Here] |
| Invoice #:  | [Invoice Number] |
| **From:** |  | **Bill To:** |
| [Your Company Name] |  | [Client’s Name or Company Name] |
| [Address Line 1] |  | [Address Line 1] |
| [Address Line 2] |  | [Address Line 2] |
| [City], [State], [Zip Code] |  | [City], [State], [Zip Code] |
|  |
| **Description** | **Hours** | **Rate/Hour** | **Total** |
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|  |  |  |  |
|  |  | Subtotal:  |  |
| Tax Rate:  | 0% |  | Tax:  |  |
| **Payment Terms:**  | **Net 30** | **Total Amount Due:**  |  |
|  |
| **Terms and Conditions** |  | **Send Payment To:** |
| Total payment must be completed within 30 days. |  | [Name] |
| Thank you for your business! |  | [Bank Name] |
|  |  | [Bank Account Number] |
|  | [Other Bank Info] |
|  |  |