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| --- | --- | --- | --- | --- | --- |
| 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] | | |
|  |  | | |