|  |  |  |
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| Invoice | Date: | [Enter date here] |
| Invoice #:  | [Enter invoice # here] |
|  |
| **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:  |  | Tax: |  |
| **Payment Terms:**  |  | **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] |
|  |  |