

Company

Name:

Street

City, State:

ZIP Code:

E-mail:

Phone:

Invoice

Invoice # Date

Client/Customer

Name: City, State:

Street: ZIP Code:

PRODUCTION (MATERIALS)

Description	Quantity	\$ / Unit	Amount
PRODUCTS			

LABOR

Description	Hours	\$ / Hour	Amount
LABOR			

Comments or Special Instructions

Payment is due within days

Subtotal	
Discount	
Sales Tax	
TOTAL	