|  |  |  |
| --- | --- | --- |
| Invoice | Invoice Date:  | [Enter invoice date here] |
| Invoice No:  | [Enter invoice number 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal: |  |
| Tax Rate:  |  |  | Tax: |  |
| **Payment Terms:**  | **Net 30** | **Total Amount Due:**  |  |
|  |