|  |  |  |
| --- | --- | --- |
| **INVOICE** |  | Date:  |
|  | Invoice #:  |
|  |  |  |  |
| **Bill To:** |  | **Ship To (If Different):** |  |
| [Client's Name/Company Name]  |  | [Client's Name/Company Name] |
| [Address Line 1] |  | [Address Line 1] |
| [Address Line 2] |  | [Address Line 2] |
| [City], [State], [Zip Code] |  | [City], [State], [Zip Code] |
| [Phone] |  | [Phone] |
|  |  |  |  |
| Description | Quantity | Unit Price | Amount |
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|  |  |  |  |
|  | Tax Rate: |  | Subtotal: |  |
|  |  | Shipping Charges: |  |
|  | Sales Tax: |  | **TOTAL:** |  |

