COMPANY NAME

INVOICE

PHONE

EMAIL

LICENSE #

INSURED BY

INVOICE #

DATE

DUE DATE

BILL TO

CLIENT NAME

PHONE / EMAIL

JOB ADDRESS

STREET

CITY / STATE / ZIP

TASKS COMPLETED

LINE ITEMS

#	TASK (HOURLY, FLAT RATE, OR MATERIALS)	QTY / HRS	RATE	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				

Subtotal

Tax

Amount paid

Balance due

PAYMENT TERMS

Minimum service call: _____

Hourly rate: _____ per hour

Pay by: cash / check / card / transfer (circle)

Late payment fee: _____

NOTES

Thank you for your business.

Payment is due by the due date above. Questions about this invoice? Use the phone or email in the header.

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