|  |  |  |
| --- | --- | --- |
| Invoice |  |  |
| Date: |  |
| Invoice #: |  |
|  |  |  |  |
| From: | Bill To: |
| [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] |
|  |  |  |  |
| **Totals** |
| Material |  Labor | Invoice Total |
|  |  |  |
|  |  |  |  |
| Material Description | Quantity | Cost Per Item | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Materials: |  |
| Labor Description  | Hours | Rate/Hour | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Tax Rate: |  |  | Total Labor: |  |
|  |  |  |  |  |
| Total Tax: |  |  | Subtotal: |  |
| Payment Terms: |  |  | Invoice Total: |  |
|

|  |  |
| --- | --- |
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| *Thank you for your business!* |

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