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| **Invoice** |
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|  Date: |  |  |
|  Invoice #: |  |  |
| **From:** |  | **Bill To:** |  | **Totals** |
| [Name/Company Name] |  | [Client's Name/Company Name] |  | Material:  |
| [Address Line 1] |  | [Address Line 1] |  | Labor:  |
| [Address Line 2] |  | [Address Line 2] |  | **Invoice Total:**  |
| [City], [State], [Zip Code] |  | [City], [State], [Zip Code] |  |  |
| [Phone] |  | [Phone] |  |  |
|  |  |  |  |  |
| Material Description  | Quantity  | Cost Per Item | Total | Notes |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  | *Materials Total:* |  |  |
|  |  |  |  |  |
| Labor Description  | Hours | Rate/Hour | Total | Notes |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  *Tax Rate:* |  |  | *Labor Total:* |  |  |
| Total Tax: |  |  | Subtotal: |  |  |
| Payment Terms: |  |  | **Invoice Total:** |  |  |

