Company _____

Street Address _____
[City, ST ZIP Code _____
Phone _____
Fax _____

INVOICE

INVOICE # _____
DATE: _____

TO:

Customer Name _____
Company Name _____
Street Address _____
City, ST ZIP Code _____

FOR:

Project or service description _____
P.O. Number _____

DESCRIPTION	HOURS	RATE	AMOUNT
			TOTAL

Make all checks payable to _____

Total due in _____ days.

Thank you for your business!