

INVOICE

Company Name
Address Line 1
Address Line 2
Phone: (000) 000-0000
Email: email@example.com

Invoice #:

INV-0001

Date:

YYYY-MM-DD

Due Date:

YYYY-MM-DD

Bill To:

Client Name
Client Company
Address Line 1
Address Line 2
Phone: (000) 000-0000
Email: client@example.com

Date	Description	Hours	Rate	Amount
YYYY-MM-DD	Consultation	2.0	\$100.00	\$200.00
YYYY-MM-DD	Development	5.5	\$100.00	\$550.00
YYYY-MM-DD	Testing	1.5	\$100.00	\$150.00

Subtotal
\$900.00

Tax (0%)
\$0.00

Total
\$900.00

Notes:

Thank you for your business.
Payment is due within 30 days.
Please include the invoice number on your check or bank transfer.