

Software Company Name

Address Line 1

Address Line 2

Phone: (____) ____-____

Invoice #: _____

Date: ____/____/____

Due Date: ____/____/____

Billed To:

Client Name

Client Company Name

Address Line 1

Address Line 2

Email: client@example.com

Task Description	Date	Hours	Rate	Amount
Sample Task 1	____/____/____	0.0	\$0.00	\$0.00
Sample Task 2	____/____/____	0.0	\$0.00	\$0.00
				Subtotal \$0.00
				Tax \$0.00
				Total \$0.00

Notes:

Thank you for your business.

Please make payment within 30 days.

If you have any questions about this invoice, please contact us at info@company.com