|  |  |
| --- | --- |
| INVOICEName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_INVOICE DATE \_\_\_/\_\_\_/\_\_\_ |  |

|  |  |
| --- | --- |
| **Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **BALANCE DUE**Upon Receipt$\_\_\_\_\_\_\_.\_\_\_\_ |

Notes

|  |  |  |  |
| --- | --- | --- | --- |
| Item Description | Quantity | Price Per | Total |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Tax - \_\_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | TOTAL | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |