## **Company Name**

Company Slogan

Street Address City, ZIP Code Phone 111.123.1234 Fax 111.123.1234

**INVOICE** 

DATE: November 20, 2007 INVOICE # 5

Project or Service Description FOR:

BILL TO: Name Company Name Street Address City, ZIP Code Phone

DESCRIPTION	HOURS	RATE	AMOUNT
DESCRIPTION	HOURS	RATE	\$ -
		SUBTOTAL	\$ -
		TAX RATE	4.50%
		SALES TAX	-
		OTHER	
		TOTAL	\$ -

Make all checks payable to Your Company Name

THANK YOU FOR YOUR BUSINESS!