INVOICE

From:

Company
Street Address
City, State Zip
Tel #

Invoice For: **Company**
Street Address
City, State Zip
Tel #

Invoice ID: **1**
Issue Date
Due Date
Terms: Due upon receipt

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Design	10.00	$100.00	$1,000.00
		SUBTOTAL	$1,000.00
		TAX RATE	
		TAX	
		AMOUNT DUE	

Notes

Comments or special instructions for your clients.