

Company Name: \_\_\_\_\_

# BARBER INVOICE

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Invoice # \_\_\_\_\_

Date: \_\_\_\_\_

### Client / Customer

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

| Description | Hours | \$ / Hour | Amount (\$) |
|-------------|-------|-----------|-------------|
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|             |       |           |             |

Comments or Special Instructions: \_\_\_\_\_

Payment is due within \_\_\_\_ days.

|          |       |
|----------|-------|
| SUBTOTAL | _____ |
| DISCOUNT | _____ |
| TAX      | _____ |
| TOTAL    | _____ |

Thank you for your business!



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