

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Country: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

# SELF-EMPLOYED INVOICE

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

**Bill to**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Country: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_

**Ship to**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Country: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_

**PRODUCTS / MATERIALS**

Quantity	Description	Unit Price	Amount
Total Products			

**LABOR**

Hours	Description	\$ / Hour	Amount
Total Labor			

Subtotal	
Tax: _____%	
Other _____	
<b>TOTAL</b>	

Payment is due within  \_\_\_\_\_ days or by  \_\_\_\_\_, 20\_\_\_\_

If payment is late, a fee shall be assessed in the amount of  \$\_\_\_\_ or  \_\_\_\_\_% of the unpaid balance

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