

Company Name: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

WATER BILL INVOICE

Invoice # _____

Date: _____

Bill to

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Ship to

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Description	Quantity	\$ / Unit	Amount (\$)

Comments or Special Instructions:

Payment is due within _____ days.

SUBTOTAL
DISCOUNT
SHIPPING
TAX
TOTAL

Thank you for your business!



INVOICES-TEMPLATE.COM
FREE ONLINE INVOICE

