Company _____

SERVICE INVOICE

Street Address _____
City, State, Zip Code _____
Telephone _____
Fax _____

INVOICE #_____
DATE: _____

TO:

Street Address _____
City, State, Zip Code _____
Telephone _____
Fax _____

FOR:

Street Address _____
City, State, Zip Code _____
Telephone _____
Fax _____

DESCRIPTION	HOURS	RATE	AMOUNT
		TOTAL	

Make all checks payable to _____

Thank you for your business!

INVOICES-TEMPLATE.COM
FREE ONLINE INVOICE