**PRO-FORMA INVOICE**

|  |  |  |  |
| --- | --- | --- | --- |
| **BILLED TO** Client NameStreet addressCity, State CountryZIP Code |  |  |  |
| **DESCRIPTION** | **UNIT COST** |  **HR RATE** |  | **AMOUNT** |
| Your item name | $0 | 1 |  | $0 |
| Your item name | $0 | 1 |  | $0 |
| Your item name | $0 | 1 |  | $0 |
| Your item name | $0 | 1 |  | $0 |
| Your item name | $0 | 1 |  | $0 |
| Your item name | $0 | 1 |  | $0 |
| Your item name | $0 | 1 |  | $0 |
|  |  |  |  |  |  |
| **INVOICE TOTAL****$2000** |  |  | **SUBTOTAL** |  | $0 |
|  |  | **DISCOUNT** |  | $0 |
|  |  |  | **(TAX RATE)** |  | 0% |
|  |  |  | **TAX** |  | $0 |
|  |  |  | **TOTAL** |  | $0 |
| **TERMS**E.g. Please pay invoice by MM/DD/YYYY |  |  |  |  |