**PRO-FORMA INVOICE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BILLED TO**  Client Name  Street address  City, State Country  ZIP 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 | | |  | | |  | | | |  |  |