ITEMIZED INVOICE

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| --- | --- | --- |
| Bill FromName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Name: \_\_\_\_\_\_\_\_\_\_Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_City, ST ZIP Code: \_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Bill ToName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Name: \_\_\_\_\_\_\_\_\_\_Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_City, ST ZIP Code: \_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Invoice No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DESCRIPTION** | **HOURS** | **PRICE ($)** | **TOTAL ($)** |
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| Terms and ConditionsThank you for your business. Please send payment within \_\_\_\_\_\_ days of receiving this invoice.There will be a \_\_\_\_\_\_% per \_\_\_\_\_\_ on late invoices. | Subtotal |  |
| Sales Tax |  |
| Other |  |
| **Total** |  |