ITEMIZED INVOICE

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| Bill From  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name: \_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_  City, ST ZIP Code: \_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Bill To  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 Conditions  Thank 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** |  |