Invoice		Date:			
From:		Bill To	:		
		_			
		Totals			
Material L		Labor		Invoice Total	
Material Description		Quantity	Cos	t Per Item	Total
		Materials Total:			
Labor Description		Hours	Ra	ate/Hour	Total
Tax Rate:			L	abor Total:	
Total Tax:				Subtotal:	
Payment Terms:			In	voice Total·	

