Invoice

Date: _____

Invoice #: _____

From:

_____

_____

_____

_____

Bill To:

_____

_____

_____

_____

Totals		
Material	Labor	Invoice Total

Material Description	Quantity	Cost Per Item	Total
		Total Materials:	

Labor Description	Hours	Rate/Hour	Total
Tax Rate:		Total Labor:	

Total Tax: _____

Payment Terms: _____

Subtotal: _____

Invoice Total: _____

Thank you for your business!