Invoice

Date: _____

Invoice #: _____

From:

_____

_____

_____

_____

Bill To:

_____

_____

_____

_____

Totals

Material: _____

Labor: _____

Invoice Total: _____

Material Description	Quantity	Cost Per Item	Total	Notes

		Materials Total:		

Labor Description	Hours	Rate/Hour	Total	Notes

Tax Rate:		*Labor Total:*	

Total Tax: _____

Payment Terms: _____

Subtotal: _____

Invoice Total: _____