



INVOICE

Network Infrastructure Services

SERVICE PROVIDER

BILL TO

Invoice Number:
Invoice Date:
Due Date:
P.O. Number:
Payment Terms:
Client ID:

PROJECT REFERENCE

Project Name:
Site Location:

DESCRIPTION (HARDWARE, CABLING & LABOR DETAILS)	QTY	UNIT PRICE	AMOUNT

PAYMENT INSTRUCTIONS / NOTES

Subtotal

Tax Rate (%)

Tax Amount

Total Due

Thank you for your business.