

INVOICE

Invoice No: _____

Date: _____

Due Date: _____

Billing Cycle: _____

CLIENT INFORMATION

SERVICE LOCATION / SITE

SERVICE DESCRIPTION	HOURS/QTY	RATE (\$)	TOTAL AMOUNT (\$)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax / VAT: _____

Total Due: _____

PAYMENT TERMS & NOTES

AUTHORIZED SIGNATURE