

# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_  
Billing Period: \_\_\_\_\_

**SERVICE PROVIDER**

\_\_\_\_\_

**BILL TO**

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT

**Subtotal:** \_\_\_\_\_

**Tax:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

**Payment Terms:**

**Notes / Instructions:**

\_\_\_\_\_  
Provider Signature  
\_\_\_\_\_  
Client Signature

