INVOICE

Recurring Biweekly Service

Invoice No: _____

Date: _____

Due Date: _____

SERVICE PROVIDER

CLIENT / BILL TO

BIWEEKLY SERVICE PERIOD

From: _____

To: _____

DATE	SERVICE DESCRIPTION	QTY/HRS	RATE	AMOUNT

Terms & Payment Instructions

Payment is due upon receipt of invoice unless otherwise agreed. Thank you for your continued business!

Subtotal: _____

Tax/Other: _____

Total Due: _____

Thank you for your business!