

INVOICE

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

INVOICE #	DATE	DUE DATE
_____	_____	_____
TAX ID (EIN / SSN)	PO / PROJECT REF.	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Service: dates, description (hours × rate or flat)		
Service: dates, description		
Materials / supplies (receipts attached)		
Mileage (miles × rate) / travel		
Software or other reimbursable (at cost)		
Deposit received (negative)		

NOTES & PAYMENT TERMS
Net 15. Pay by Zelle, ACH, check or card link. Late payments accrue 1.5% per month. W-9 available on request; please issue 1099-NEC to the name and tax shown above.

Subtotal

Tax

TOTAL DUE _____