

INVOICE

1234 West East Drive
Anytown, CA, 99999

[Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

Phone: 999-555-1212
Fax: 999-555-1313
Email: yourname@mycompany.com
License# 1234568

INVOICE DATE		PROJECT			WEEK ENDING	
ITEM	MATERIALS				SUB TOTAL	
MATERIALS SUB TOTAL					\$	-
LABOR						
SUB TOTAL			SUB TOTAL			

MATERIALS SUBTOTAL	\$	-
LABOR SUBTOTAL	\$	-
SALES TAX (if applicable)		
TOTAL	\$	-

Please make checks payable to mycompany
THANK YOU FOR YOUR BUSINESS!