Your Business Name

Street address

City, State ZIP

Email · Phone

INVOICE

Invoice #: _____

Date: _____

Due date: _____

BILL TO

Name _____

Address _____

Email / Phone _____

Description	Qty	Rate	Amount

Subtotal

Tax

Total

Notes: Files delivered via shared folder on project completion.

Terms: Payment due within 14 days by bank transfer or PayPal.

Free template from DocRove · Create invoices and receipts online at docrove.com