INVOICE

•

**Date:** YYYY-MM-DD

**Invoice Number:** 00001

**Due Date:** YYYY-MM-DD

 **FROM**

 **BILL TO**

**YOUR COMPANY NAME**

123 Your Street

City, State, Country, ZIP Code 123-456-7890

your@email.com

**Client Name**

Street address City, State, Country

ZIP Code

 **DESCRIPTION UNIT COST QTY/HR RATE AMOUNT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consulting Service | 0.00 | 1 | 0.00 |  |
| Item name here | 0.00 | 1 | 0.00 |  |
| Item name here | 0.00 | 1 | 0.00 |  |
| Item name here | 0.00 | 1 | 0.00 |  |
| Item name here | 0.00 | 1 | 0.00 |  |
| Item name here | 0.00 | 1 | 0.00 |  |
| f **NOTES** |  | **Subtotal****Discount**  |  0.00 0.00 |  |
|  |  | **Tax Rate (%)** |  0% |  |
| **Terms:** Please pay invoice by MM/DD/YYY Y. If this invoice isunp aid by the due date, a non-compounding late fee of 1.2% |  | **Tax Amount** |  0.00 |  |
| accrues monthly on the outstanding amount. |  |  |  |  |
|  |  | **TOTAL** |  **0.00** |  |

***Template courtesy of*** [***TrulySmall***](http://www.trulysmall.com/)