



INVOICE

Invoice #:

Invoice date:

Job:

Seller: _____

Bill to: _____
Address: _____

Phone: _____
Fax: _____

Item #	Description	Qty	Unit price	Discount	Price

Invoice Subtotal	_____
Tax Rate	_____
Sales Tax	_____
Shipping	_____
Deposit Received	_____
TOTAL	_____

Please make all checks payable to _____