

INVOICE

No	:	Date	:
Job No	:	PO No	:
Job Period	:	Payment Terms	:
		Due Date	:

Client : [Company Name]
[Company Address]
[City, ST, ZIP Code]
Attn :
Phone :
Fax :
Email :

Job : _____

No	Description	Amount

Payment to :
[Company Name]
[Bank Name]
[Bank Account]

Total	
Discount	
State Tax	3%
Federal Tax	
Grand Total	