

Service Invoice

From:

Your Company Name

Your Address

Your City, State, Zip

Your Email

Your Phone Number

To:

Client's Name

Client's Address

Client's City, State, Zip

Client's Email

Client's Phone Number

Invoice Number: 001

Date of Issue: [Date]

Due Date: [Due Date]

Description of Services

Service Description	Hours	Rate	Amount
[Service 1]	[Hours]	[Rate]	[Amount]
[Service 2]	[Hours]	[Rate]	[Amount]

Total Amount Due

Total: [Total Amount]

Payment Terms: [Your Payment Terms]

Payment Methods: [Payment Methods Acceptable]

Thank you for your business!