

YOUR BUSINESS NAME

123 Main St, Dallas, TX 75201
(555) 555-0123 · you@yourbusiness.com
License # _____

INVOICE

Invoice #: _____
Date: _____
Valid until: _____

BILL TO

Customer name
Address
City, State ZIP
Phone / email

JOB SITE

Customer name
Address
City, State ZIP
Phone / email

SCOPE OF WORK

Describe the work to be performed. Be specific — list locations, materials, and what's not included.

Description	Qty	Rate	Tax	Amount
Labor — Journeyman (hours)	0	\$0.00	—	\$0.00
Labor — Apprentice (hours)	0	\$0.00	—	\$0.00
Materials	1	\$0.00	—	\$0.00

Subtotal \$0.00

Tax \$0.00

TOTAL DUE \$0.00

TERMS & CONDITIONS

- Payment due within 14 days of invoice date.
- Make checks payable to Your Business Name. ACH/credit card accepted.
- Late payments accrue interest at 1.5% per month.
- Disputes must be raised in writing within 7 days of receipt.

Customer signature

Authorized signature

Date

Date