

INVOICE

FROM

Business name, address, tax or business number

Invoice no.

Invoice date

Due date

BILL TO

Client legal name, billing address

SITE

SERVICE PERIOD

DESCRIPTION	QTY	RATE	AMOUNT

Subtotal

Tax, if applicable (___ %)

Total due

PAYMENT TERMS

HOW TO PAY

Bank details. Please use the invoice number as the reference.

NOTES / PO NUMBER