

Bill Invoice

Date of Issue _____

Invoice No. _____

Name _____

Street Address _____

City/State,/ZIP _____

Phone _____

Email _____

Billed to:

Name _____

Street Address _____

City/State/ZIP _____

Country _____

Description	Unit Cost	Qty/Hr Rate	Amount

Subtotal _____

Discount _____

Tax Rate _____

Total Tax _____

TOTAL _____

Terms