|  |  |  |
| --- | --- | --- |
| **YOUR COMPANY** |  | **SERVICE INVOICE** |
| [Company Name] |  |  |
| [Street Address] |  |  |  |  |  |  |  |
| [City, State Zip] |  |  |  |  |  | **Invoice Number:** | #1234 |
| Phone: |  |  |  |  |  |  | **Invoice Date:** | 4/17/2018 |
|  |  |  |  |  |  |  |
| **Bill To:** |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| **DATE** | **DESCRIPTION** | **HOURS** | **RATE** | **TOTAL** |
|   |   |   |   |  $ -  |
|
|   |   |   |   |  $ -  |
|
|   |   |   |   |  $ -  |
|
|   |   |   |   |  $ -  |
|
|   |   |   |   |  $ -  |
|
|   |   |   |   |  $ -  |
|
|   |   |   |   |  $ -  |
|
|   |   |   |   |  $ -  |
|
|  |  |  |  |  |  |  | Subtotal |  $ -  |
| **NOTES** |  |  |  |  |  |  | Tax Rate | 4.5% |
|   |  |  |  |  |   |  | Total Tax |  $ -  |
|   |  |  |  |  |   |  | Other |  $ -  |
|   |  |  |  |  |   |  | **Grand Total** |  **$ -**  |
|   |  |  |  |  |   |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| PAYMENT DUE DATE: |  |  |  |  |  |  |  |
| MAKE ALL CHECKS PAYABLE TO COMPANY NAME: |  |  |  |  |