# INVOICE

INVOICE NO. _____

DATE _____

CLIENT

| SERVICE | DESCRIPTION | HOURS | RATE | TOTAL |
|---------|-------------|-------|------|-------|
|         |             |       |      |       |

SUBTOTAL

TAX

TOTAL

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

## Payment Stub

Client: 

Date: 

Invoice No. 

Amount Due: 

Amount Enclosed: