|  |  |
| --- | --- |
| Your Company Name  INVOICE / 01-01-2019 | Your Address  City, Postal Code |

|  |  |
| --- | --- |
| **Client Name**  Address  City, Postal Code  Email Address:  Phone: | **BALANCE DUE**  Upon Receipt  $0.00 |

Notes

Use this space for comments to your client.

|  |  |  |
| --- | --- | --- |
| Item Description | Price Per | Total |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Subtotal | $0.00 |
| In Kind ($100 - $200) |  | $0.00 |
|  | TOTAL | $0.00 |