|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERVICE INVOICE****Your company name**Your company address Phone:City, State, Zip code Fax: | ## |  | Your company email Your company website | Invoice No.:Invoice Date:Date Due: |
| **Bill To: Address:** | Client company name Client company address | **Phone: Fax: Email:****Contact:** |
| **DATE** | **DESCRIPTION** | **RATE PER UNIT** | **UNITS** | **FLAT FEE** | **DISCOUNT** | **TOTAL** |
| mm.dd.yyyy | item 1 | $0,00 | 1 |  | $0,00 | $0,00 |
| mm.dd.yyyy | item 2 | $0,00 | 1 |  |  | $0,00 |
| mm.dd.yyyy | item 3 |  | 1 | $0,00 |  | $0,00 |

|  |  |  |
| --- | --- | --- |
| Make all checks payable to Your company name. | Invoice Subtotal | $0,00 |
| Deposit Amount | $200,00 |
| Total due in <#> days. Overdue accounts subject to a service charge of <#>% per month. | **Total** | **-$200,00** |

All articles, templates, and information provided in this file are for reference purposes only. While we aim to ensure the information is accurate and up to date, we do not make any guarantees, either express or implied, regarding its completeness, accuracy, reliability, suitability, or availability. Any use or reliance on this information is strictly at your own risk.