

Invoice for Services

_____ *[Your Company Name]* _____

_____ *[Address]* _____

_____ *[City, State, ZIP Code]* _____

_____ *[Date]* _____

Invoice Number: _____

Contract/Order Number: _____

Contract/Order Name: _____

Contract/Order Date: _____

To: _____, doing business as: _____

_____ *[Address]* _____

_____ *[City, State, ZIP Code]* _____

Services Performed/Time Period:

Subtotal: _____

Material, Supplies, and Equipment Costs:

_____ *[Materials, Supplies, and Equipment]* _____ *[Cost]* _____

Expenses:

_____ *[Materials, Supplies, and Equipment]* _____ *[Cost]* _____

TOTAL AMOUNT OF THIS INVOICE: _____

Payment is due within _____ from the date of this invoice.

Late payments by the client shall be subject to late penalty fees of

_____ per month from the due date until the amount is paid.

CONTRACTOR

_____ [*Company Name*] _____,

a _____ [*State of Organization*] _____ [*Type of Business*] _____ doing business as

_____ [*Fictitious Business Name*] _____

_____ [*Address*] _____

_____ [*City, State, ZIP Code*] _____

Taxpayer ID: _____

By: _____

_____ [*Name*] _____

_____ [*Title*] _____