

INVOICE

Invoice No:	
Invoice Date:	
Due Date:	
PO No:	
Work Performed:	
Period Covered	
From	to

BILL TO:

Item Description/Materials	Quantity	Unit Price	Amount
		Tax	
		Item Total	
Labor/Services	Hours	Hourly fee	Amount
		Tax	
		Item Total	
Others			Amount
		Tax	
		Item Total	
Terms:		Subtotal	
		Discount	
		Tax total	
		Paid	
Payment Method:		Total Due	

Thank you!