

Date: invoice date	Due Upon Receipt	
Invoice: Inv #		
Your Company Name or Name	To:	Client Company Contact
Address		Client Company Name
Phone		Address
Website		Zip/Postal Code
Email address		Submitted by email to:

Quantity	Description	Unit Price	Line Total
	Days/Hours/Project		
		Subtotal	
		Tax	
		Total	

Tax Number: GST | HST number

Please make all payments payable to **Your Company Name or Name**

THANK YOU FOR YOUR BUSINESS!