

SERVICES INVOICE

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SERVICES INVOICE

INVOICE NO. _____ DATE _____

CUSTOMER ID _____ TERMS _____

BILL TO _____

SHIP TO _____

DESCRIPTION	HOURS	RATE	TOTAL

Remarks / Instructions:

New Client Discount:

Please make check payable to

THANK YOU

For questions concerning this invoice, please contact

	SUBTOTAL	_____
enter total amount	DISCOUNT	_____
	SUBTOTAL LESS DISCOUNT	_____
enter percentage	TAX RATE	_____
	TOTAL TAX	_____
	OTHER	_____
	TOTAL	_____

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