**SIMPLE RECEIPT TEMPLATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR LOGO** |  |  | INVOICE |
| Company Name |  |  | **INVOICE NO.** | **DATE** |
| 123 Main Street |  |  |  |  |
| Hamilton, OH 44416 |  |  | **CUSTOMER ID** | **TERMS** |
| (321) 456-7890 |  |  |  |  |
| Email Address |  |  |  |
|  |  |  |  |
| **BILL TO** |  | **SHIP TO** |   |   |
|  |  |  |  |  |
| ATTN: Name / Dept |  | ATTN: Name / Dept |  |
| Company Name |  | Company Name |  |
| 123 Main Street |  | 123 Main Street |  |
| Hamilton, OH 44416 |  | Hamilton, OH 44416 |  |
| (321) 456-7890 |  | (321) 456-7890 |  |
| Email Address |  |  |
|  |  |  |  |  |
| **DESCRIPTION** | **HOURS** | **RATE** | **TOTAL** |
|   |   |   |   |
|   |   |   |   |
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|   |   |   |   |
| Remarks / Instructions: |   |  | **SUBTOTAL** |   |
|  |  | enter total amount **DISCOUNT** |   |
|  | **SUBTOTAL LESS DISCOUNT** |   |
|  | enter percentage **TAX RATE** |   |
|  | **TOTAL TAX** |   |
| *Please make check payable to* Your Company Name. |  | **OTHER** |   |
| THANK YOU |  | **TOTAL** |  |
|  |
|  |  |  |  |  |
| *For questions concerning this invoice, please contact* |
| Name, (321) 456-7890, Email Address • www.webaddress.com |

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