

LOGO

(SAMPLE)INVOICE

NAME OF COMPANY

ADDRESS:
PHONE
EMAIL:

INVOICE #
DATE:
TERMS(I.E. NET 30):
DUE DATE:
COMPANY EIN#:
NAME OF CONSULTANT:
CUSTOMER/END CLIENT:
JOB ADDRESS:
PERIOD STAR/END (I.E.MON-SUN):
WEEK:

BILL TO:

Tech Nerds LLC
1554 NW 183rd Ave
Pembroke Pines, FL 33029

DESCRIPTION	Hours	Rate	BILLED AMOUNT
SCCM/MDT ENGINEER			
WK 1	32	\$60/hr	\$1,920
WK 2	40	\$60/hr	\$2,400
	72	\$60/hr	\$4,320

PLEASE REMIT TO:
(PLEASE LIST WHO TO MAKE PAYMENT TO)

Thank you for your business!