INVOICE

Invoice from:

_____ *(name)*

_____

_____ *(address)*

_____ *(contact information)*

Invoice to:

_____ *(name)*

_____

_____ *(address)*

_____ *(contact information)*

Invoice number #: _____

Invoice date: _____

Invoice due date: _____

Product or service	Description	Quantity	Unit price	Amount
			$	$
			$	$
			$	$
			$	$
			$	$
			Subtotal	$
			Tax rate	$
			Tax	$
			Shipping	$
			TOTAL	$

Terms & Conditions (e.g. payment method)

_____

_____

LawDistrict