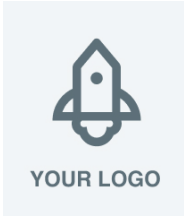


# Invoice

INVOICE NUMBER:

DATE OF ISSUE:



BILLED TO

YOUR COMPANY NAME

Description	Unit cost	QTY/HR Rate	Amount
-------------	-----------	-------------	--------

**Subtotal**

**Discount**

**Tax rate**

**Tax**

TERMS

INVOICE TOTAL

Please pay invoice by MM/DD/YYYY