

INVOICE

Business name _____
Street address _____
City, State ZIP _____
Phone _____
Email _____

Invoice # _____
Invoice date _____
Due date _____

BILL TO

Client name _____
Billing address _____
City, State ZIP _____
Phone or email _____

Contract or proposal _____ Date signed _____
Contract total _____

MILESTONE	DESCRIPTION	PERCENT	AMOUNT

Payment terms _____
Payment methods _____
Notes Work is scheduled when this deposit is
received.

Schedule total _____
Deposit due now _____