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INVOICE

INVOICE NO.	INVOICE DATE	DUE DATE	SERVICE MONTH	PO / CONTRACT NO.	AMOUNT DUE

BILL TO

Name

Company

Address

Phone / email

SERVICE PROVIDER

Business

Address

Phone / email

License / insured

Contracted services

Location / area	Frequency	Visits	Rate / visit	Amount

Contracted services	

Extras and consumables

Date	Item	Qty	Unit price	Amount

Extras subtotal	
Sales tax (%)	
Tax	
Amount due	

HOW TO PAY

Bank / account

Routing / sort code

Online / app

Make checks payable to

TERMS

Payment terms

Late fee

Service notes