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INVOICE

INVOICE NO.	INVOICE DATE	DUE DATE	PERIOD	AMOUNT DUE

BILL TO

Name

Company

Address

Phone / email

FROM

Business

Address

Phone / email

Tax ID (W-9)

Date	Work performed	Hours	Rate	Amount

Total hours	
Subtotal	
Reimbursable expenses	
Less deposit / paid	
Amount due	

HOW TO PAY

Bank / account

Routing / sort code

Online / app

Make checks payable to

TERMS

Payment terms

Late fee

Notes

Thank you. A W-9 is on file / available on request. Please reference the invoice number with your payment.