

Company Name

INVOICE

Street Address
City, State Zip
Phone Number
e-mail/web address

INVOICE NO: 0001
DATE: February 7, 2005

To:

Ship to (if different address):

Customer Name Here
Customer Address Here
Customer Address Here
Customer City, State, Zip Code Here

SALESPERSON	YOUR P.O. #	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

SUBTOTAL 0.00

SALES TAX 0.00

SHIPPING & HANDLING

TOTAL DUE \$ 0.00

Make all checks payable to: Your Company Name
If you have any questions concerning this invoice, call: Contact Name, Phone Number

THANK YOU FOR YOUR BUSINESS!

Note: You will after entering the hours and rate you will need to right-click once on the number in the "amount" column and click on "update field" to automatically calculate the total. Delete these sentences in Red from this form after you understand how to "update field" to get the totals.