|  |  |
| --- | --- |
| **Your Logo**  **Your Company Name** | Your address 1  Your address 2  Your address 3  Your address 4  Your telephone number  Your email address  Your website |

|  |  |
| --- | --- |
| To: | **INVOICE / RECEIPT** (delete as necessary)  **DATE:** |

|  |  |
| --- | --- |
| DESCRIPTION | AMOUNT |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

|  |
| --- |
| Payment terms 30 days net. |
| Thank you for your business! |