|  |  |
| --- | --- |
| [YOUR COMPANY NAME HERE] |  |
| [COMPANY ADDRESS] |  |
| [COMPANY CONTACT NUMBER] |  |
| [COMPANY WEBSITE] |  |
|  |  | **SERVICE INVOICE** |  |
|  |  |  |
|  |  |  | INVOICE # |  |
|  |  |  | DATE: |  |
|  |  |  |  |  |
| TO: [RECIPIENT NAME / COMPANY NAME] |  |  |  |
|  [COMPLETE STREET ADDRESS] |  |  |  |  |
|  [CITY, STATE/PROVINCE, ZIP CODE] |  |  |  |  |
|  [TELEPHONE NUMBER] |  |  |  |  |
|  [FAX NUMBER]  |  |  |  |  |
|  |  |  |  |  |
| **DESCRIPTION** | **HOURS** | **RATE** | **AMOUNT** |  |
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|  |  | **TOTAL** | 0 |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Make all checks payable to [YOUR COMPANY NAME HERE]. |  |  |  |
| Thank you for your business! |  |  |  |  |
| Should you have questions about this invoice, please contact [CONTACT PERSON] at [CONTACT NUMBER]  |
| [COMPANY WEBSITE] |  |  |  |  |