|  |  |
| --- | --- |
| Caregiver Company NameYour Company SloganStreet AddressCity, ST ZIP CodePhone: Phone Fax: Fax | invoiceInvoice # 100Date: Date |
| Client nameClient NameStreet AddressCity, ST ZIP CodePhone: Phone | Ship To:Recipient NameClient NameStreet AddressCity, ST ZIP CodePhone: Phone |

|  |
| --- |
| Comments or special instructions:Insert special instructions |

|  |  |
| --- | --- |
| Terms | due date |
|  |  |

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| --- | --- | --- | --- |
| DESCRIPTION | hours | rate ($ / hr) | amount |
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| --- | --- | --- |
|  | SUBTOTAL |  |
|  | Discount |  |
|  | Tax |  |
|  | TOTAL due |  |

Make all checks payable to Caregiver Company Name

If you have any questions concerning this invoice, contact Name, Phone, Email

Thank you!