|  |  |
| --- | --- |
| Caregiver Company Name Your Company Slogan  Street Address  City, ST ZIP Code  Phone: Phone Fax: Fax | invoice Invoice # 100Date: Date |
| Client name Client Name  Street Address  City, ST ZIP Code  Phone: Phone | Ship To: Recipient Name  Client Name  Street Address  City, ST ZIP Code  Phone: 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!