

Small Business Invoice Form

Business Name:	<hr/>	Invoice Number:	<hr/>
Business Address:	<hr/>	Invoice Date:	<hr/>
Client Name:	<hr/>	Due Date:	<hr/>
Client Address:	<hr/>		

Description	Qty	Unit Price	Amount
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Subtotal:	<hr/>
Tax:	<hr/>
Total Due:	<hr/>

Payment Notes / Terms:
