

Beauty By Kenz

MAKE UP ARTISTRY

INVOICE

INVOICE NR: _____

DATE: _____

DUE DATE: _____

| NO. | DESCRIPTION | QTY | PRICE | TOTAL |
|-----|-------------|-----|-------|-------|
| 1. | | 1 | | |
| 2. | | 1 | | |
| 3. | | 1 | | |
| 4. | | 1 | | |
| | | | | |
| | | | | |
| | | | | |

PAYABLE TO:

BeautybyKenz
754 NE Birch Street Camas, Wa 98607
360-838-3187
beautybykenzmua23@aol.com

subtotal: _____

taxes (VAT 20%): _____

TOTAL AMOUNT: _____

Client - _____

BeautybyKenz - _____