

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 - _____