INVOICE

FROM (BUSINESS NAME)

ADDRESS

PHONE AND EMAIL

GST/HST NUMBER (IF REGISTERED)

INVOICE NUMBER

INVOICE DATE

PAYMENT DUE

BILL TO (CLIENT NAME)

CLIENT ADDRESS

DESCRIPTION OF WORK	QTY OR HOURS	RATE ($)	AMOUNT ($)

Subtotal	
GST/HST _____ %	
PST or QST _____ %	
Total	
Less deposit or paid	
Balance due	

HOW TO PAY (FOR EXAMPLE, E-TRANSFER EMAIL)

NOTES