INVOICE W / LATE FEE

TOTAL

		_	
INVOICE NO			
	TERMS:		
	DU 1 TO		
FROM	BILL TO		
COMPANY:	COMPANY:		
	ATTN:		
	ADDRESS:		
CITY, STATE:	CITY, STATE: ZIP:		
ZIP: PHONE:	PHONE:		
E-MAIL:	E-MAIL:		
L-IVIAIL.	L-IVIAIL.		
DESCRIPTION	HOURS	RATE (\$/HR)	AMOUNT (\$)
LATE FEE DESCRIPTION:		LATE FEE	
EXILITE DEGOMI HOW.			
NOTES:		SUBTOTAL	
		DISCOUNT	

THANK YOU FOR YOUR BUSINESS

