

**CLIENT INVOICE FORM**

Client's Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Billing Period: \_\_\_\_\_

Billing Date: \_\_\_\_\_

Service Date	Type of Service	# Hours	Rate/ Hour	# of Miles	Rate/ Mile	Total Cost
<b>INVOICE TOTAL</b>						

*THANK YOU FOR USING OUR SERVICE*