

INVOICE

Your Company Name
123 Some Street, Suite 400
Anycity, CA 98765
212 • 123-4567 • Fax 212 • 765-4321

Invoice Number: **0003001**
Dated: **Oct 03, 00**
Project Number: **SAMPLE.01**

TO: Really Good Customer
456 Easy Street, Suite 800
SomeCity, CA 98521

Attn: Accounts Payable

Project:	Sample Project Name - 01	Mar 1, 00	For the Period To	Mar 31, 00
PROFESSIONAL SERVICES		Units	Rate	Amount
Consultation/Planning				
<i>Total Square Feet - Office Expansion</i>		1,000.00		
<i>Rate Per Square Foot</i>		0.20		
<i>Total Fee and Percent Complete</i>		200.00	30%	60.00
			<i>Less Amount Previously Billed</i>	-30.00
			<i>Subtotal</i>	30.00
			<i>Adjustments</i>	0.00
			Services Subtotal	30.00

INVOICE TOTAL **\$30.00**

Account Summary:

Total Outstanding Invoices: \$0.00
Received This Billing Period: 0.00
New Balance - Including This Month: **\$30.00**

Current: \$30.00 | 31-60 Days: \$0.00 | 61-90 Days: \$0.00 | >90 Days: \$0.00