

Company Name: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

COURIER SERVICE INVOICE

Invoice # _____

Date: _____

Client / Customer

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

| Description | Hours | \$ / Hour | Amount (\$) |
|-------------|-------|-----------|-------------|
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Comments or Special Instructions: _____

Payment is due within ____ days.

SUBTOTAL
DISCOUNT
TAX
TOTAL

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| |

Thank you for your business!