

Advertising Services Invoice

Invoice Number: <input type="text"/>	Date: <input type="text"/>
Billed To: <input type="text"/> <input type="text"/>	From: <input type="text"/> <input type="text"/>

Description	Hours	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Payment is due within 30 days.

Thank you for your business.