

Computer Support Service Invoice

Company Name: <input type="text"/>	Date: <input type="text"/>
Billed To: <input type="text"/>	Invoice #: <input type="text"/>

Service 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 Terms:

Notes: