

Security Guard Service Invoice

Invoice Details

Invoice Number: <input type="text"/>	Date: <input type="text"/>
Client Name: <input type="text"/>	Client Address: <input type="text"/>

Service Details

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"/>

Subtotal:	<input type="text"/>
Tax:	<input type="text"/>
Total:	<input type="text"/>

Notes / Instructions

Authorized Signature

Date: