

Guarding Services Payment Invoice

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

Description of Service	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"/>

Notes:	<input type="text"/>
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Authorized by:

Date: