

## Guarding Services Payment Invoice

Invoice Number:  Date:

Client Name:  Client Address:

Contact Number:

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"/>
<b>Total</b>			<input type="text"/>

Notes:

Authorized by:

Date: