

# Security Agency Invoice

Invoice Number:

Date:

Billed To:

Address:

Description of Service	Number of Guards	Hours	Rate per Hour	Total
<input type="text"/>	<input type="text"/>	<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 Amount Due				<input type="text"/>

Authorized Signature:

Date: