|  |  |
| --- | --- |
| [Company Name] | invoice |
| [Street Address][City, ST ZIP Code]Phone [Enter phone] | Fax [Enter fax][Email] | [Website] | **INVOICE** # [Invoice No] **DATE** [Enter date] |
| TOGeorgia Institute of TechnologyCenter for Sustainable Communities Research and Education760 Spring Street, NWAtlanta, GA 30332 | **FOR** [Project or service description]**P.O.** # [P.O. #] |

|  |  |
| --- | --- |
| Description | Amount |
| [Enter description 1] | [Enter amount] |
| [Enter description 2] | [Enter amount] |
| [Enter description 3] | [Enter amount] |
| [Enter description 4] | [Enter amount] |
| [Enter description 5] | [Enter amount] |
| [Enter description 6] | [Enter amount] |
| [Enter description 7] | [Enter amount] |
| [Enter description 8] | [Enter amount] |
| [Enter description 9] | [Enter amount] |
| [Enter description 10] | [Enter amount] |
| [Enter description 11] | [Enter amount] |
| [Enter description 12] | [Enter amount] |
| [Enter description 13] | [Enter amount] |
| [Enter description 14] | [Enter amount] |
| [Enter description 15] | [Enter amount] |
| [Enter description 16] | [Enter amount] |
| [Enter description 17] | [Enter amount] |
| **Total** | [Enter total amount] |

Make all checks payable to [Company Name]

Payment is due within 30 days.

If you have any questions concerning this invoice, contact [Name] | [Phone] | [Email]

#### Thank you for your business!