

Company Name

Address, City, ST, ZIP Code
Phone Number | Email Address

Invoice # Enter Invoice Number

Date: Enter Invoice Date

Bill To

Hands On Technology LLC
6145 Broadway, Suite 48
Denver, CO 80216

For

Enter Job Name and Job Number

Item Description	Amount
Enter Item Description of Work Completed	Enter Dollar Amount

Subtotal	\$0.00
Tax Rate	
Other Costs	
Total Cost	\$0.00

Make all checks payable to - Company Name

Billing Contact - Name, Phone Number, Email