

HAIR STYLIST INVOICE

DETAILS

DATE: _____

INVOICE NO. _____

TERMS: _____

HAIRSTYLIST: _____

FROM

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

DESCRIPTION	HOURS	RATE (\$/HR)	AMOUNT (\$)		
<p>NOTES: _____</p> <p>_____</p> <p>_____</p>					
				SUBTOTAL	
				DISCOUNT	
				TAX / VAT	
TOTAL					

THANK YOU FOR YOUR BUSINESS

