

[Institution Name]

INVOICE

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

INVOICE #	DATE
[NUMBER]	MM/DD/YYYY

SUBJECT

[Project Name]

DESCRIPTION	AMOUNT
-----	200.00
-----	375.00
-----	(50.00)
Overheads (equal to 50 euros)	26.56
TOTAL (local currency)	

If you have any questions about this invoice, please contact
[Name, Phone, email@address.com]