

Company: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

E-mail: _____

Phone: _____

WEDDING CAKE INVOICE

Invoice # _____

Date: _____

Client / Customer

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

PRODUCTS (MATERIALS)

| Description | Quantity | \$ / Unit | Amount |
|-------------|----------|-----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| PRODUCTS | | | |

LABOR

| Description | Hours | \$ / Hour | Amount |
|-------------|-------|-----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| LABOR | | | |

Comments or Special Instructions:

SUBTOTAL

DISCOUNT

TAX

TOTAL

Payment is due within ____ days.

Thank you for your business!